THE FEDERATION
of COMMUNITY SOCIAL SERVICES *of* BC

Notes from the Member's Call with Dr. Daniele Behn Smith, Office of the Public Health Officer

November 6, 2020

On Monday November 2, 2020 Dr. Daniele Behn Smith from the Office of BC's Public Health Officer participated in a zoom call with Federation members to answer their questions about Covid-19 protocols and screening over the winter months.

The following notes were taken during that call, in response to questions posed by the members.

High level update

- Dr. Henry has declared we are in our second wave; a second wave is something public health experts anticipated as it is consistent with how other pandemics in the past have played out. In BC the surge seems to be timed after the Thanksgiving weekend, and is mostly in the Fraser Health region.
- Now that we are further into the pandemic and learning to live with Covid-19 (meaning Covid-19 is what is considered an established pathogen) Public Health leaders are focusing less on case counts and looking more at hospitalization rates, death rates, and the indicators about where people are getting Covid-19. Dr. Behn Smith noted that the public has gotten used to a focus on case counts and while this is still being monitored it is not the only thing public health officials are tracking.
- Dr. Behn Smith noted that hospitalization rates have remained fairly stable, as have the death rates associated with Covid-19.
- Dr. Behn Smith noted that there is a lag between seeing increased cases and when we see hospitalization rates and ICU rates increase. However, she noted we may not see increased hospitalization and ICU rates in the second wave because hospitalization is driven largely by age and it is a younger segment (20-49 Years of age) of the population getting Covid-19 now as compared with the first wave.
- BC has had a greatest number of cases from August to now, but we saw more deaths in the first wave because that's when we saw more elderly people were getting it.
- Dr. Behn Smith noted the amazing job the community social services sector has done to adapt and maintain services, while also managing to limit transmission

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in social service settings. The important role the community sector is playing in BC's response to covid-19 is very much recognized by the PHO.

Household Gatherings

The PHO continues to be concerned about case counts and transmission rates, and this has led to some of the changes around orders and mask usage. From the beginning Dr. Henry has been committed to ethical, evidence-informed decision making, and balancing that against restrictive public health measures. Public Health leaders are learning more every day from the data about transmission in BC and that data is being translated into the orders and guidelines.

- In particular the trend in BC is that close household contact is connected to increased rates, specifically linked to household gatherings - even with physical distancing. Are also seeing that in household gatherings strict physical distancing and other protective measures are not being followed.
- This led to an amendment to the gathering order because it became clear that people were interpreting the masked gathering order in ways that were problematic.
- This led to the recent change that limits gatherings in homes to 6 other individuals from outside the home. Note this does not mean 6 people in the morning and then a different group of 6 people in the afternoon!
- British Columbians are still encouraged to be very mindful of keeping our social contact bubbles small. Outside of that bubble focus on distance, frequent hand hygiene, and staying away from others when you have cold symptoms.

Mask wearing

- At the beginning there was not much data about mask wearing; what is emerging now in the science is that non-medical masks being worn in crowds or with groups not know to you can be effective in reducing the spread.
- Mask wearing is less about protecting yourself but preventing you from spreading Covid-19 to others.
- Mask wearing is meant to be an intervention layered onto others (like distancing, physical barriers, and frequent hand hygiene); wearing a mask DOES NOT replace any of these other important and effective interventions.
- In gatherings and celebrations seeing that people were coming in together and not maintaining distance or wearing masks. Hence the reasoning behind the mask wearing.
- Mask wearing is NOT a mandatory order; Public Health leaders feel strongly that this should not be mandatory outside of health settings to ensure people are not stigmatized or unintentionally marginalized.

Questions submitted by members:

1. *Question: We have just started doing indoor visits with families, but with the new guidelines of families limiting entry to their homes to their own household + their 'safe six,' we are concerned that we are putting families in the situation of having to break the guidelines. Does the CDC feel it is prudent to back away from in-home service at this point and return to outdoors (weather permitting) or virtual support? Note that our programs operate in the Fraser region which at the time of this call is seeing a surge in case numbers.*

Response from Dr. Behn Smith:

- This question highlights the tricky areas where the high-level Public Health guidelines need to be implemented on the ground and there are some nuances in transmission rates across the province.
- Encourage you to think through what is happening in your area (ie. in FH there is a surge of cases) so may make sense to limit the in and out of homes in that time and place.
- The order that was amended "re: Safe Six" was about gatherings and social events, not about services.
- It is important to balance the risk of Covid-19 with the risks to interruption of services and the impact that may have on children and families.
- Suggest talking with staff to think through what makes sense on a case by case basis in that moment in time.
- Covid-19 is very dynamic, things will change and we will need to be somewhat adaptable.
- Outdoors is always preferable to indoors but in the winter months are there ways to provide the visits and layer in the other measures such as be in a bigger space, with fewer faces, are there opportunities for barriers, and frequent hand hygiene.
- Nothing is a zero risk and for this sector we need to be realistic about the risk of interruption to service balanced with the risks of Covid-19.

2. *Question: Can you provide further direction on screening, particularly for young children and reflecting on the protocols the public schools and licensed childcare are using.*

Response from Dr. Behn Smith:

- YES! This has been a bit confusing!
- Classes have been back for almost 2 months and what we have seen is a slight bump in cases in school settings, but it has not become a driver of transmission.

- Schools are a reflection of what is happening in households. Kids and staff are coming to school with Covid-19 but Public Health is not seeing it spread. This is what Public Health expected and are pleased because school is so important to well-being and development and community health.
- Covid-19 is dynamic, there is new learning every day. In addition to the emerging science Public Health leaders balance the emerging science against the supplies and testing capacity in the province and this informs the guidelines.
- The guidelines right now are that kids with symptoms need to remain out of class for 24 hours and if they are feeling better after 24 hours they can go back with no need for screening.
- If they have multiple symptoms testing is recommended.
- There was work done to align the school and childcare guidelines to make things easier.
- When school aged children go for a Covid-19 test they are now doing a saline gargle test (not the nose swab). The gargle is much easier on kids and it was good that this could be rolled out as schools went back.
- Testing in school age children has dropped by 15% over the past few weeks. This decrease in testing may reflect the change in guidelines, and may also reflect being through September which is traditionally a prime time for catching colds and runny noses.
- Percent positivity continues to be quite low – around 2% provincial average, what that means is that 97% of those who go for tests in fact don't have covid.
- Public Health is in the process of reviewing and revising the testing and screening guidelines. There will be a shift coming soon that will better reflect what we are seeing in the science (combining what data we are collecting in BC and in other jurisdictions). There is a lot more specificity when we look at two or more symptoms and some symptoms are more predictive (fever AND cough are more predictive than a headache for example).

3. *Question: Can you provide some direction for programs that are intentionally, and philosophically, designed to be openly accessible, like family resource programs, and recommendations for how to apply the "Safe 6" guideline in these programs.*

Response from Dr. Behn Smith:

- Really important to make the distinction that the "Safe Six" Guideline is targeted to households and social networks and NOT targeted towards services. That said Covid-19 doesn't distinguish between social gathering and services. Number of contacts and intensity of contact makes a big difference.
- For programs intentionally being openly accessible- think through your Covid-19 safety plans and look for how you are taking all the opportunities and interventions you can layer in. For example, when people come to the FRP,

have room for physical distance, if it's possible to have appointment times that can help, setting up physical barriers.

- Don't get too bogged down by the "Safe Six" in services, but focus on the idea of limiting the number and intensity of contacts wherever possible (particularly among adults).
- SERVICES MUST CONTINUE. The PHO has an entire working group focused on unintended consequences and we really want to limit those impacts. Pulling back on these programs and seeing families struggle is not good.

4. *Question: Flagging for Dr. Behn Smith concerns about impacts the pandemic is having on post-natal supports, particularly hearing that public health nurses are being pulled to do Covid contact tracing and not having time to connect with families with new babies. Is this on the PHO radar and how can we work together to ensure these families are not falling through the cracks?*

Response from Dr. Behn Smith:

- This is 100% on the Public Health Officer's radar, there is a whole team focused on monitoring and addressing unintended consequences of the pandemic and public health response, including a focus on women of reproductive age (contraceptive access, pre/post-natal supports etc).
- Regarding the concern that Public Health nurses are being called into contract traces; in early days of the pandemic this was the case but there has been a lot of work to bolster public health staff to avoid this depletion to public health nurse scope of practice.
- Right now, in Fraser Health, it IS "all hands on deck" to get through contact tracing but for the most part the focus is on keeping Public Health Nurses doing the work we need them to do in community to support wellness, particularly for women and families.
- There is a national study being led by Wendy Norman at SFU that is looking at the impact of the pandemic on women of reproductive age that the PHO is paying close attention to, as well as to the BC Healthy Connections project, which is an evaluation of BC's Nurse Family Partnership program
- Public Health Leaders are working to ensure this focus continues. This also speaks to the need to ensure that services remain available for families to access.

5. *Question: Is there any new Public Health guidance for reducing the number of groups and/or individual services delivered, in light of rising COVID cases in BC?*

Dr. Behn Smith's response:

- This question really highlights the approach in BC which is trying to tailor our responses to the areas where we are seeing drivers of transmissions.
- BC is seeing a slight increase in workplace transmission, which could be a ripple effect of what is happening in community.
- There is NO plan to issue orders or guidelines to restrict services.
- Having Covid-19 safety plans that align with WorkSafeBC and that are FULLY IMPLEMENTED is important for social service organizations. For example, in the summer in the restaurant industry we saw restaurants had plans that weren't being fully implemented so that's where we saw the increase in orders for that industry and it seems to have helped with transmissions in that setting. If we see more cases in a particular sector that's where we would see an increase/change in the orders and guidelines.
- In BC seeing that when people are doing their work tasks they are largely following the guidelines, the issue becomes with people not following things as closely during break times or socializing with co-workers. It is important to follow the guidelines all the time.
- It is remarkable what social sector organizations have been doing from day one and how creative the sector has been in implementing the different layers of protection and how people continue to show up to provide services. What people are doing is working for the most part ☺

6. *Question: The message is that transmission from children to adults is low. What about asymptomatic children? (Have heard that in children the viral load is higher – wouldn't that generate more risk?)*

Response from Dr. Behn Smith:

- It's not really clear to us in the emerging science either!
- It is true that transmission from children to adults is uncommon and children continue to be less impacted by Covid-19 than older age groups (teens seem to have rates more comparable to adults, but then their social behaviour is more similar to adults).
- Children tend to have milder symptoms and in some kids, they do seem to have higher viral load. The fact that they have milder symptoms may mean that they are not spreading the viral load to other people.

7. *Question: What guidance can you offer on cohorting (staff and clients) as recommended by BCCDC and WorkSafe BC?*

Response from Dr. Behn Smith:

- The important idea with cohorting is trying to limit the number of contacts and intensity, time spent face to face, of contacts. The more that you can keep that overall number of contacts down the better.
- The nature of the contact is really important as well. Passing people in the hallway on the way to the washroom is not a concern (these are considered brief encounters)
- Trying to keep the same group of people together over time helps limit the spread into other social networks and helps the contact tracing process. For example, if you have the same group coming into the office on the same days it means contact tracers have a smaller group to work through if someone does have Covid-19.
- It's important to not get too hung up on specific numbers but to think about it from a high level that the more we can keep our work and social bubbles as small as possible the less likely it is to catch Covid-19 or spread it to others.
- For example, when thinking about household gathering in a family where the kids are in school and then in activities and then the parents have an activity and then have a "Safe Six" on top of that - that is a lot of social contacts in these networks! There is no magic number or safe number, the smaller and safer your social contacts the better. And the easier contact tracing will be if it is needed.

8. *Question: regarding childcare – we would like more direction on consultants working in these settings, the associated risks and ideas on how to mitigate them. For example, staff working at multiple sites.*

Response from Dr. Behn Smith:

- This is impacted by number of contacts and intensity of contacts. When consultants are coming into the setting, if there are ways to implement layers of protection that is ideal. Limit close contact to only those who really need it – ie. if we are thinking about a speech language pathologist coming into a childcare setting that is important to support but try to limit their interaction to others in the setting, particularly with other adults. The more physical distance between that consultant and other adults the better.
- Again, being aware that the common thread of transmission in workplaces is not so much when people are fulfilling their work roles but when they are on breaks and not following protocols as well.

- Noting that there is a single site order for long term care facilities because older adults are most at risk (the vast majority of deaths related to Covid-19 have been in older adults) and BC has seen positive impacts for the older adult population due to the single site order.
- The reason a similar order is not in place in other social service areas is because public health leaders have heard clearly that this could create VERY significant staffing shortages and disrupt services to a degree that would present other risks in losing essential services (the population in these settings is less at risk and the risk of losing services poses other significant health impacts).

9. *Question: Looking for guidance in delivering Christmas Hampers to community members?*

Response from Dr. Behn Smith:

- Public Health Leaders have been putting a lot of thought into Halloween and now will turn attention to the Christmas season
- Covid-19 can live on surfaces but does not appear to be a major source of transmission in BC
- The ways to enhance safety in hamper delivery would be to do so in a way that promotes physical distancing, to wear a mask, and limit interactions with those receiving the hamper
- There is no specific guidance for hampers, but good to check out the WorksafeBC and BC Centre of Disease Control websites

10. *Question: In our organization we have asked folks to wear masks and our culture really adopted them. But we've heard concerns about touching masks, taking them on and off, creating other worries about not doing masks perfectly. Do the benefits of wearing a mask, recognizing the other ways to limit transmission, outweigh the risks in the frequent touching of the masks?*

Response from Dr. Behn Smith:

- Good question! This is why public health leaders in BC did not have strongly worded recommendations regarding masks at the beginning of the pandemic, then shifted to a permissive comment, and now a stronger recommendation. When this began we did not know what the risks were with frequent non-medical mask usage. In Health Care settings we know that donning and doffing PPEs do carry a greater risk, but Health care settings have a different level of risk than in the community. Most of us are living in areas where there is low risk.

- BCCDC did an internal review of the literature. The benefits seem to outweigh the risks. When the majority wear masks it seems to help, however it needs to be done in conjunction with frequent hand hygiene, particularly when taking masks off and on and before eating and drinking.

11. *Question: Would it be reasonable to offer weekly groups for adults if we could provide space - we would be in an office environment, in a separate room and could wear masks if that was recommended. If one person tested positive, would the office staff (who would be in the same building) need to quarantine or just monitor symptoms?*

Response from Dr. Behn Smith:

- Public health leaders are trying to get the messaging out there just because someone with Covid-19 has been in your setting it does not mean you are a close contact. Being deemed a close contact and going into isolation can be very disruptive. This is most likely not necessary.
- When someone is diagnosed with Covid-19 the recommendation from local Public Health is that they self-isolate for 10 days. After 10 days, if they are feeling better, local Public Health staff may clear them
- It is different for a person who has been exposed (considered to have been in close contact by local Public Health). That person who has been exposed needs to be in self-isolation for 14 days (the period of incubation). The average length of time between exposure and showing symptoms is 5 days but can be up to 14 days. That is the science of how it works, which helps explain why the self-isolation period for exposure is different.
- Local Public Health conducts very rigorous assessment; ideally within 24 hours of a positive case they contact the individual and identify with that person when their symptoms started and then go back 2 days from that and identify all the different places and people they've been in contact with in that time. They ask questions to understand which were high risk/close contact and then would ask those people to self-isolate for 14 days (being in the same setting does not mean that the contact was high risk/close contact- see definition from BCCDC below).
- In areas where there is a surge in cases (like there is right now in Fraser Health) there may be a back-log in contact tracing and it make take longer than 24 hours for public health to connect with a person who is testing positive. In these cases if a person is caught up in the backlog they, and their household, should self-isolate until they are contacted by local public health. There are some documents being created right now to give more direction on this kind of situation.
- If you hear that someone you know has Covid-19 but you have not been contacted by local public health it is an opportunity to be extra vigilant and self-monitor. If you do go for a test, inform local public health that you know

someone who has tested positive. Pay attention to what is happening in your area (ie. surge in cases) and adjust behaviour to respond.

- BCCDC has a number of worksheets re: different scenarios of contact and outlining what contact tracing involves. http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation/contact-tracing

The BC Centre for Disease Control defines high risk or close contact as a person who:

- provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) without consistent and appropriate use of personal protective equipment, OR
- lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than **15 minutes** (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset, OR
- had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended PPE, OR
- has been identified by the local MHO as a possible contact

Definition retrieved on November 5, 2020 from: http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)