COVID-19: Important Update from the Provincial Health Officer

The following expectations are for all regulated health professionals in British Columbia on behalf of Provincial Health Officer Dr. Bonnie Henry.

This advice applies to regulated health professionals under the Health Professions Act when providing patient care in community settings. It does not apply to regulated health professionals when providing patient care in designated facilities or institutions regulated by the Hospital Act, the Health Authorities Act, the Community Care and Assisted Living Act, the Mental Health Act, or other relevant Acts.

Purpose

I am writing this to you now to provide clarity on my expectations of all health professionals in our community during this extraordinary time. I recognize there has been confusion as the measures we have taken to prevent transmission of COVID-19 have evolved in the past weeks. The expectations outlined below are to assist in your decision-making as professionals to ensure we are all delivering the best and safest care to patients through this evolving crisis. Your regulatory college will be providing more specific direction of how to apply the principles outlined below.

Expectations of regulated health professionals

1. All non-essential and elective services involving direct physical contact with patients should be reduced to minimal levels, subject to allowable exceptions, until further notice.
2. Allowable exceptions can be made for time-sensitive circumstances, and emergent, urgent, and/or essential care to avert or avoid negative patient outcomes, or to avert or avoid a situation that would have a direct impact on the safety of patients.
3. Where possible and appropriate, health professionals are encouraged to provide care to patients via telephone and video technology.
4. Health professionals are in the best position to determine what is essential in their specific health practice. In making decisions regarding the reduction or elimination of non-essential and elective services, health professionals should be guided by their regulatory college, and the following principles:
1. Proportionality: Measures taken should be proportionate to and commensurate with the real or anticipated risk one is trying to prevent.

2. The harm principle: Measures taken should attempt to limit harm wherever possible, taking into consideration all available alternatives, and the balance of differential benefits and burdens that result.

3. Fairness: Persons ought to have equal access to health care resources, benefit ought to be offered preferentially to those who will derive the greatest benefit, and resources ought to be distributed such that the maximum benefits to the greatest number will be achieved.

4. Reciprocity: Certain patients and patient populations will be particularly burdened as a result of a reduction in non-essential services. As such, patients should have the ability to have their health monitored and re-evaluated as required.

5. Health professionals who provide emergent, urgent, and/or essential care must assess and screen patients for symptoms of COVID-19. Unless direct physical contact with patients is required, physical distancing of two meters should be maintained at all times. When direct physical contact is required for the care of patients with suspected or confirmed COVID-19, health professionals must use infection control practices including appropriate personal protective equipment.

Decisions regarding the reduction or elimination of non-essential and elective services should be made using processes that are fair and equitable to all patients.

As the COVID-19 pandemic evolves, we will continue to work together with you and all our health system partners to review emerging evidence to understand the most appropriate measures to take to protect all health professionals and the people in our care.

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