



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3), 54, 56, 57, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

HOSPITAL AND COMMUNITY (HEALTH CARE AND OTHER SERVICES) COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES – OCTOBER 21, 2021

The *Public Health Act* is at:

<http://www.bclaws.ca/civix/content/complete/statreg/08028/?xsl=/templates/browse.xsl>

(excerpts enclosed)

- TO: THE REGIONAL HEALTH BOARDS, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, THE MINISTER OF HEALTH, THE MINISTER OF MENTAL HEALTH AND ADDICTIONS, OPERATORS OF PROVINCIAL MENTAL HEALTH FACILITIES, AND BOARDS OF MANAGEMENT OF HOSPITALS, EXCEPT STAND ALONE EXTENDED CARE HOSPITALS, DESIGNATED UNDER THE HOSPITAL ACT**
- TO: A PERSON EMPLOYED BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY OR A PROVINCIAL MENTAL HEALTH FACILITY**
- TO: A PERSON CONTRACTED OR FUNDED BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, MINISTRY OF HEALTH OR MINISTRY OF MENTAL HEALTH AND ADDICTIONS, TO PROVIDE HEALTH CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY**
- TO: A PERSON EMPLOYED, CONTRACTED OR FUNDED BY A PERSON CONTRACTED OR FUNDED BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, THE MINISTRY OF HEALTH, OR THE MINISTRY OF MENTAL HEALTH AND ADDICTIONS, TO PROVIDE HEALTH CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY**
- TO: HEALTH PROFESSIONALS**

WHEREAS:

- A. On March 17, 2020 I provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases, clusters and outbreaks of a serious communicable disease known as COVID-19 among the population of the Province of British Columbia, constitutes a regional event, as defined in section 51 of the *Public Health Act*;
- B. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. The presence of virus variants of concern in the Province, in particular the Delta variant, has not only heightened the risk to the population generally but, more particularly, has significantly heightened the risk to individuals of advanced age, and individuals with chronic health conditions or compromised immune systems;
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents of the Province;
- E. Unvaccinated persons are at much greater risk than vaccinated person of being infected with SARS-CoV-2, of experiencing higher rates of complications and death, and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- F. Persons receiving health care, personal care or home support in hospital or community settings often are of an advanced age, have chronic health conditions or compromised immune systems which make them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- G. Vaccination is safe, very effective, and the single most important preventive measure health professionals, visitors to hospitals, providers of care or services in hospital or community settings, and the staff or contractors of an organization which provides health care or services in hospital or community settings can take to protect patients, residents and clients, and the health and personal care workforce, from infection, severe illness and possible death from COVID-19;
- H. There are clear, objective criteria for determining whether a person has a medical deferral to a COVID-19 vaccination, and very few people fall into this category;
- I. There are difficulties and risks in accommodating persons who are unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-Co-2, and the likelihood of severe illness and death;
- J. The public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population;
- K. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2, and to provide care for those who become ill with COVID-19;
- L. The public needs to have confidence that when they receive health care from a health professional

they are not putting their health at risk;

- M. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population is critical;
- N. The retention of public confidence in the safety and integrity of the public health and health care systems is critical;
- O. Employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me or the medical health officer;
- P. Medical health officers need to know the vaccination status of staff in order to most effectively respond to exposures to or outbreaks of COVID-19 among patients, clients or staff;
- Q. I recognize the effect which the measures I am putting in place to protect the health of patients and clients and other staff in hospital and community settings may have on people who are unvaccinated and, with this in mind, have engaged and will continue to engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, particularly in facilities, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the people affected by the Order, including constitutionally protected interests, against the risk of harm created by unvaccinated persons providing health care or other services in hospital or community settings;
- R. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the Canadian *Charter of Rights and Freedoms*, including the right to life, liberty and security of the person, along with freedom of religion and conscience, freedom of thought, belief, opinion and expression. These rights and freedoms are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and death, and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, where doing so is consistent with public health principles;
- S. In addition, I recognize the interests protected by the *Human Rights Code* and have taken these into consideration when exercising my powers to protect the health interests of patients, residents and clients and persons who provide health care, personal care, home support or other services in hospital or community settings;
- T. After weighing the interests of persons who receive health care and related services in hospital or community settings, against the interests of persons who provide care and services in those settings who are not vaccinated for reasons other than medical deferral, and taking into account the importance of maintaining a healthy workforce in hospitals and community settings, the stress under which the public health and health care systems are currently operating, and the impact this is having on the provision of health care to the population, the burden which responding to more clusters and outbreaks of COVID-19 would put on the public health system, the burden which responding to more patients with serious illness would place upon an already overburdened health care system,

and the risk inherent in accommodating persons who are not vaccinated, I have decided not to consider a request for an exemption by way of a variance under section 43 of the *Public Health Act*, other than on the basis of a medical deferral to vaccination.

- U. For certainty, this Order does not apply to a place to which the *Residential Care Vaccination Status COVID-19 Information Order* and the *Residential Care COVID-19 Preventive Measures Order* apply.
- V. For further certainty, this Order does not apply to the First Nations Health Authority, First Nations Health Service Organizations, Treaty First Nations, the Nisga'a Nation, the Métis Nation of BC, or to health care, personal care, home support or other services provided or funded by one of those bodies;

I have reason to believe and do believe that

- a. a lack of information on the part of employers about the vaccination status of staff interferes with the suppression of SARS-CoV-2 in hospital and community settings, and constitutes a health hazard under the *Public Health Act*;
- b. an unvaccinated person who provides health care or services in a hospital or community setting, puts patients, residents, clients, staff and other persons who provide health care or services at risk of infection with SARS-CoV-2, and constitutes a health hazard under the *Public Health Act*;
- c. an unvaccinated staff member of an organization which provides health care or services puts staff who provide health care or services, and patients, residents or clients, at risk of infection with SARS-CoV-2, and constitutes a health hazard under the *Public Health Act*;
- d. in order to mitigate the risk of the transmission of SARS-CoV-2 created by an unvaccinated person as described above, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 56, 57, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

DEFINITIONS:

In this Order

“British Columbia Emergency Health Services” means the corporation continued under the *Emergency Health Services Act*;

“health care or services” includes

- a. health care, personal care or home support, including hospital-based care, emergency health services or community care,
- b. dietary, kitchen, housekeeping or maintenance services,
- c. administrative or managerial services;

“care location” means an inside or outside place in which health care or services are provided, including

- a. a hospital designated under the *Hospital Act* to provide acute care, extended care, convalescent care or rehabilitation care,
- b. hospital facilities,
- c. a Provincial mental health facility,
- d. a residential facility licensed under the *Community Care and Assisted Living Act* to provide one of the following types of care prescribed or described in section 2 of the Residential Care Regulation:
 - i. Child and Youth Residential;
 - ii. Hospice;
 - iii. Mental Health;
 - iv. Substance Use;
 - v. Community Living; or,
 - vi. Acquired Injury,
- e. an assisted living residence registered under the *Community Care and Assisted Living Act* in one of the following classes prescribed in section 3 of the Assisted Living Regulation:
 - i. Mental Health,
 - ii. Persons with Disabilities, for adults receiving assisted living services due primarily to a disability; or
 - iii. Supportive Recovery,
- f. a public health clinic,
- g. an urgent and primary care centre,
- h. a patient medical home,
- i. a child development centre,
- j. a community health centre,
- k. an adult day care,
- l. a laboratory facility,
- m. a diagnostic facility,
- n. a pharmacy,
- g. a vehicle,
- h. a private residence,
- i. a school,
- j. a post-secondary institution.
- f. a supervised consumption site,
- k. an overdose prevention site,
- l. a correctional facility,

but does not include a place excluded from the application of this Order by posting on the PHO's website;

“close contact” means within two metres of another person for more than 15 minutes cumulatively in a day;

“community care” includes home nursing, nursing support services in schools, home support, mental health services, drug and alcohol services, continuing care services, health care or services provided under the Choice in Supports for Independent Living program, health care provided in an office or clinic, health care or services provided by a child development centre, supervised consumption services, overdose prevention services and public health services;

“contractor” means a person who provides staff under contract to an employer to provide care or services in a care location;

“employer” means a regional health authority, the Provincial Health Services Society, British Columbia Emergency Health Services, the Providence Health Care Society, a Provincial mental health facility, or a person under contract with or funded by one of them, or the Ministry of Health or Ministry of Mental Health and Addictions, to contract with, employ or fund a person who provides health care or services in a care location, and includes a contractor, a person who employs or contracts with a staff member to provide health care or services in a care location, and the board of management of a hospital, except a stand alone extended care hospital, designated by the minister under the *Hospital Act*,

“exemption” means a variance issued to a person under the *Public Health Act* on the basis of a medical deferral to vaccination, which permits a person to work, despite not being vaccinated;

“facility” means a long term care facility, a private hospital, a stand- alone extended care hospital, or an assisted living residence for seniors;

“health care” means anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health;

“health professional” has the same meaning as in the *Public Health Act*;

“HSPnet database” means the Health Sciences Placement Network which provides a web-based system for managing practice education in the health sciences.” (<https://hspscanada.net/about-hspnet/>);

“medical mask” means a medical grade face mask that meets the ASTM International and ISO (or equivalent) performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance, pressure differential, flame spread, skin sensitivity and cytotoxic testing;

“occasional” means not being present on an ongoing basis in either one or different care locations;

“operator” means the person responsible for a care location, other than a patient, resident or client;

“other outside provider” means a person other than a staff member, visitor, outside health or personal care provider, outside support or personal service provider, who is in a care location, and includes an entertainer, animal therapy provider or maintenance person;

“outside health or personal care provider” means a health professional who is not a staff member, or any other person who is not a staff member, who provides health care, personal care or home support in a care location, but does not include a visitor;

“outside support or personal service provider” means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other person who is not a staff member who provides support or a personal service in a care location, but does not include a visitor;

“patient medical home” means a team-based family practice that operates at an ideal level to provide longitudinal patient care;

“peer worker” means a person with lived experience who provides support and guidance to a patient, resident or client receiving health care or services in a care location, whether or not the person is paid to do so, or receives an honorarium or other benefit;

“photo identification” means one of the following:

- a. a photo BC Services Card within the meaning of the Identification Card regulation;
- b. a temporary or permanent driver’s licence, issued by a government of a province of Canada;
- c. a certificate of Indian Status;
- d. a Métis Nation British Columbia citizenship and identification card;
- e. a passport attesting to citizenship or other national status, issued by a government of any jurisdiction and including a photograph of the holder;
- f. United States military identification card;

“post-secondary institution” includes an entity that provides any of the following programs:

- a. an educational or training program provided under
 - i. the *College and Institute Act*,
 - ii. the *Royal Roads University Act*,
 - iii. the *Thompson Rivers University Act*,
 - iv. the *University Act*,
 - v. the *Private Training Act*, or
 - vi. the *Chartered Professional Accountants Act*
- b. a program provided in accordance with a consent given under the *Degree Authorization Act*;
- c. a theological education or training program provided under an Act;

“proof of an exemption request” means a response from the Office of the Provincial Health Officer or the medical health officer that a request for reconsideration for the purpose of seeking a medical exemption complies with the requirements of this Order;

“proof of vaccination” means a vaccine card, but does not include the requirement to provide photo identification in the case of a staff member;

“Provincial mental health facility” means a place designated as a Provincial mental health facility by the minister under section 3 (1) of the *Mental Health Act* and appearing in Schedule A to Ministerial Order M 393/2016, at <https://www.health.gov.bc.ca/library/publications/year/2016/facilities-designatedmental-health-act.pdf>, unless otherwise stated;

“Provincial Health Services Authority” means the society of that name incorporated under the *Societies Act*;

“Providence Health Care Society” means the society of that name incorporated under the *Societies Act*;

“regional health authority” means a board designated under the *Health Authorities Act*;

“regular” means being present at least once a month on an ongoing basis in either one or different care locations;

“school” means a place in which any of the following operates:

- a. a school as defined in the *School Act*;
- b. a francophone school as defined in the *School Act*;
- c. a Provincial school as defined in the *School Act*;
- d. an independent school as defined in the *Independent School Act*;
- e. but does not include a First Nation school certified as an independent school under the *Independent School Act*;

“staff member” means

- a. a person employed by, or working under contract to provide health care for, a regional health authority, the Provincial Health Services Society, British Columbia Emergency Health Services or the Providence Health Care Society;
- b. a health professional with hospital privileges or employed or under contract to provide health care,
- c. a person working in a Provincial mental health facility,
- d. a person under contract with or funded by a regional health authority, the Provincial Health Services Society or British Columbia Emergency Health Services to provide health care or services in a care location,
- e. a person under contract with, employed or funded by a person under contract with or funded by a regional health authority, the Provincial Health Services Society, British Columbia Emergency Health Services, the Providence Health Care Society, the Ministry of Health or the Ministry of Mental Health and Addictions to provide health care or services in a care location,
- f. a student, faculty member, researcher or staff member of a post-secondary institution who is in a care location for training or research purposes,
- g. a person provided by a contractor to provide health care or services in a care location;

but does not include a peer worker.

“unvaccinated” means that a person does not meet the definition of “vaccinated”;

“vaccinated” means a person who is at least 7 days post-receipt of the full series of a World Health Organization (“WHO”) approved vaccine against infection by SARS-CoV-2, or a combination of approved WHO vaccines.

“vaccine” means a World Health Organization approved vaccine against infection by SARS-CoV-2;

“vaccine card” means the following:

- a. in the case of a person who is more than 18 years of age, photo identification and proof in one of the following forms that the holder is vaccinated:
 - i. electronic proof or a printed copy of an electronic proof
 - (A) issued by the government in the form of a QR code, accessible through the “BC Services Card” electronic online platform, and
 - (B) showing the name of the holder;

- ii. proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders made under the *Public Health Act*;
 - iii. a type of proof, whether electronic or in writing, that is issued
 - (A) by the government of Canada or of a province of Canada, and
 - (B) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;
- b. in the case of a person who is 12 to 18 years of age, proof in a form referred to in paragraph a. (i), (ii) or (iii).

“**WHITE**” means the Workplace Health Indicator Tracking and Evaluation Data Base;

“**work**” means to work for a regional health authority, the Provincial Health Services Society, British Columbia Emergency Health Services or the Providence Health Care Society, to work in a Provincial mental health facility, or to provide health care or services in a care location.

A. VACCINATION STATUS INFORMATION

I. EMPLOYERS WITHOUT ACCESS TO WHITE

1. An employer must request and collect proof of vaccination, or an exemption, from each staff member, and must keep a record of the information.
2. A staff member must provide their employer with proof of vaccination, or an exemption, on request from their employer.
3. An employer must disclose information about the vaccination status of their staff on both an aggregate and individual level to me or the medical health officer, on request, for the purpose of preventing, or responding to, exposures to, or clusters or outbreaks of, COVID-19 in a care location.
4. Sections 1 to 3 do not apply to a student.
5. A student must report their vaccination status to the HSPnet database.
6. A student must provide an operator with proof of vaccination, or an exemption, on request from an operator.

II. EMPLOYERS WITH ACCESS TO WHITE

1. An employer must confirm a staff member’s vaccination status from WHITE,
2. If an employer does not find information about a staff member’s vaccination status in WHITE, the employer must request the staff member to provide proof of vaccination, or an exemption.

3. A staff member must provide their employer with proof of vaccination, or an exemption, on request from their employer, and the employer must keep a record of the information.
4. An employer must disclose information about the vaccination status of their staff on both an aggregate and individual level to me or the medical health officer, on request, for the purpose of preventing, or responding to, exposures to, or clusters or outbreaks of, COVID-19 in a care location.
5. Sections 1 to 4 do not apply to a student.
6. A student must report their vaccination status to the HSPnet database.
7. A student must provide an operator with proof of vaccination, or an exemption, on request from an operator.

B. STAFF MEMBERS HIRED BEFORE OCTOBER 26, 2021

1. Subject to section 2 and 3, as of October 26, 2021, a staff member who was hired before October 26, 2021 must be vaccinated or have an exemption to work.
2. Despite section 1, an unvaccinated staff member
 - a. who received a second dose of vaccine before October 26, 2021, may continue to work after October 25, 2021, if the staff member complies with the preventive measures in Part D, until 7 days have passed after receiving the second dose of vaccine.
 - b. who received one dose of vaccine before October 12, 2021, but did not receive a second dose of vaccine before October 26, 2021, may continue to work after October 25, 2021, if the staff member receives a second dose of vaccine before November 15, 2021, and complies with the preventive measures in Part D, until 7 days have passed after receiving the second dose of vaccine.
 - c. who received one dose of vaccine between October 12, 2021, and October 25, 2021, may continue to work after October 25, 2021, if the staff member receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and complies with the preventive measures in Part D, until 7 days have passed after receiving the second dose of vaccine.
 - d. who did not receive one dose of vaccine before October 26, but who received one dose of vaccine before November 15,
 - i. may work 7 days after receiving the first dose of vaccine, if the staff member complies with the preventive measures in Part D, and
 - ii. may continue to work, if the staff member receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and complies with the preventive measures in Part D, until 7 days have passed after receiving the second dose of vaccine.

3. An unvaccinated staff member to whom this Part applies who has an exemption must not work after October 25, 2021, unless the staff member is in compliance with the conditions of the exemption.
4. An employer must not permit an unvaccinated staff member to whom this Part applies to work after October 25, 2021, unless the staff member is in compliance with one of subsections 2 (a) to (d), or has an exemption and is in compliance with the terms of the exemption.

C. STAFF MEMBERS HIRED AFTER OCTOBER 25, 2021

1. A staff member hired after October 25, 2021, must
 - a. be vaccinated and provide proof of vaccination to the employer, or
 - b. have an exemption and provide the exemption to the employer,
 in order to work.
2. An unvaccinated staff member to whom this Part applies who has an exemption must not work, unless the staff member is in compliance with the conditions of the exemption.
3. An employer must not permit an unvaccinated staff member to whom this Part applies who does not have an exemption to work.
4. An employer must not permit an unvaccinated staff member to whom this Part applies who has an exemption to work, unless the staff member is in compliance with the conditions of the exemption.

D. PREVENTIVE MEASURES AND REQUESTS FOR EXEMPTIONS

1. An unvaccinated staff member must wear a medical mask which covers the person's nose and mouth when at work, except when consuming food or a beverage.
2. An employer must require an unvaccinated staff member to wear a medical mask which covers the person's nose and mouth when at work.
3. Despite Parts B through C, an unvaccinated staff member who has provided proof of an exemption request may work until their request is responded to by me or the medical health officer, if the staff member complies with the preventive measures in section 1.
4. An operator or employer must not permit an unvaccinated staff person to whom section 3 applies to work, if the person is not in compliance with section 1.

E. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS

1. In this Part

“**care**” means health care or personal care; and

“**provider**” means an outside health care or personal care provider.

2. A provider who does not provide an operator with proof of vaccination, an exemption, or proof of an exemption request, may be granted access to a care location to provide care, if the provider:
 - a. wears a medical mask which covers their nose and mouth,
 - b. maintains a two metre distance from every other person in the care location, except for a person to whom they are providing care,
 - c. is not in close contact with a person to whom they are providing care, unless it is necessary in order to provide care to the person.
3. A provider who does not provide an operator with proof of vaccination, an exemption, or proof of an exemption request, and who is not in compliance with section 1, must not provide care in a care location.
4. An operator must not permit a provider who does not provide proof of vaccination, an exemption, or proof of an exemption request, and who is not in compliance with section 2, to provide care in a care location.

Commencing on October 26, 2021, the following requirements come into effect and replace the requirements above:

5. An operator must request proof of vaccination, an exemption, or proof of an exemption request, from a provider who seeks access to a care location to provide care after October 25, 2021.
6. A provider must be vaccinated and provide proof of vaccination to the operator, have an exemption and provide the exemption to the operator, or have proof of an exemption request and provide the proof to the operator, in order to provide care in a care location.
7. Despite section 6,
 - a. an unvaccinated provider who received one dose of vaccine before October 26, 2021,
 - i. may provide care in a care location after October 25, 2021, if the provider,
 - A. wears a medical mask which covers their nose and mouth,
 - B. is not in close contact with a person to whom they are providing care, unless it is necessary in order to provide care to the person, and
 - ii. may continue to provide care in a care location, if the provider receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine,

and complies with the preventive measure in section 7 a. i., until 7 days have passed after receiving the second dose of vaccine.

- b. an unvaccinated provider who did not receive one dose of vaccine before October 26, but who received one dose of vaccine after October 26,
 - i. may, 7 days after receiving the dose of vaccine, provide care in a care location after October 25, 2021, if the provider complies with the preventive measures in section 7 a. i., and
 - ii. may continue to provide care in a care location if the provider receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and complies with the preventive measures in section 7 a. i., until 7 days have passed after receiving the second dose of vaccine.
8. An unvaccinated provider who has an exemption must not provide care in a care location after October 25, 2021, unless the provider is in compliance with the conditions of the exemption.
9. An unvaccinated provider who has a proof of an exemption request may provide care in a care location after October 25, 2021 until their request is responded to by me or the medical health officer, if the provider is in compliance with the preventive measures in section 7 a. i.
10. An unvaccinated provider to whom section 9 applies must not work in a care location after October 25, 2021, unless the provider is in compliance with the preventive measures in section 7 a. i.
11. An operator must not permit an unvaccinated provider to provide care in a care location after October 25, 2021, unless the provider is in compliance with either section 7 a. or b., has an exemption and is in compliance with the terms of the exemption, or has a proof of an exemption request and is in compliance with the preventive measures in section 7 a. i.

F. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS

1. An operator must request proof of vaccination or an exemption from an outside support or personal service provider who seeks access to a care location to provide support or personal services.
2. An outside support or personal service provider who does not provide an operator with proof of vaccination or an exemption must not be in a care location to provide support or personal services.
3. An operator must not permit an outside support or personal service provider who does not provide proof of vaccination or an exemption to be in a care location to provide support or personal services.

4. An outside support or personal service provider with an exemption must comply with the conditions of the exemption when in a care location to provide support or personal services.
5. An operator must not permit an outside support or personal service provider with an exemption to provide support or personal services in a care location, if the outside support or personal service provider is not in compliance with section 4.

G. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A PATIENT, RESIDENT OR CLIENT

1. An operator must request proof of vaccination or an exemption from a regular other outside provider who has close contact with a patient, resident or client and who seeks access to a care location.
2. A regular other outside provider who has close contact with a patient, resident or client in a care location, and who does not provide an operator with proof of vaccination or an exemption, must not be in a care location.
3. An operator must not permit a regular other outside provider who has close contact with a patient, resident or client, who does not provide proof of vaccination or an exemption, to be in a care location.
4. A regular other outside provider with an exemption, who has close contact with a patient, resident or client, must comply with the conditions of the exemption when in a care location.
5. An operator must not permit a regular other outside provider with an exemption who has close contact with a patient, resident or client to be in a care location, if the regular other outside provider who has close contact with a patient, resident or client is not in compliance with section 4.

H. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A PATIENT, RESIDENT OR CLIENT

1. A regular other outside provider who does not have close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is in a care location must:
 - a. wear a face covering which covers their nose and mouth,
 - b. maintain a two metre distance from every other person in the care location.
2. A regular other outside provider who does not have close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is not in compliance with section 1, must not be in a care location.

3. An operator must not permit a regular other outside provider who does not have close contact with a patient, resident or client, who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1, to be in a care location.

Commencing on October 26, 2021, the following requirements come into effect and replace the requirements above:

4. An operator must request proof of vaccination or an exemption from a regular other outside provider who seeks access to a care location after October 25, 2021.
5. A regular other outside provider who does not have close contact with a patient, resident or client must be vaccinated and provide proof of vaccination to the operator, or have an exemption and provide the exemption to the operator, in order to be in a care location.
6. A regular other outside provider who does not have close contact with a patient, resident or client, and who is not in compliance with section 5, must not be in a care location.
7. An operator must not permit a regular other outside provider who does not have close contact with a patient, resident or client, and who is not in compliance with section 5, to be in a care location.
8. A regular other outside provider who does not have close contact with a patient, resident or client, and who has an exemption, must comply with the conditions of the exemption when in a care location.
9. An operator must not permit a regular other outside provider who does not have close contact with a patient, resident or client, and who has an exemption to be in a care location, if the regular other outside provider who does not have close contact with a patient, resident or client is not in compliance with section 8.

I. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A PATIENT, RESIDENT OR CLIENT

1. An occasional other outside provider who has close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption and who is in a care location must:
 - a. wear a face covering which covers their nose and mouth,
 - b. maintain a two metre distance from every person in the care location, except a patient, resident or client with whom it is necessary that they be in close contact,
 - c. not be in close contact with a patient, resident or client, unless this is necessary.
2. An occasional other outside provider who has close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is not in compliance with section 1, must not be in a care location.

3. An operator must not permit an occasional other outside provider who has close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is not in compliance with section 1, to be in a care location.

Commencing on October 26, 2021, the following requirements come into effect and replace the requirements above:

4. An operator must request proof of vaccination or an exemption from an occasional other outside provider who seeks access to a care location after October 25, 2021.
5. An occasional other outside provider who has close contact with a patient, resident or client, and who does not provide an operator with proof of vaccination or an exemption, must not be in a care location.
6. An operator must not permit an occasional other outside provider who has close contact with a patient, resident or client, and who has not provided proof of vaccination or an exemption, to be in a care location.
7. An occasional other outside provider who has close contact with a patient, resident or client, and who has an exemption, must comply with the conditions of the exemption when in a care location.
8. An operator must not permit an occasional other outside provider who has close contact with a patient, resident or client, and who has an exemption, to be in a care location, if the occasional other outside provider who has close contact with a patient, resident or client is not in compliance with section 7.

J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A PATIENT, RESIDENT OR CLIENT

1. An occasional other outside provider who does not have close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is in a care location must:
 - a. wear a face covering which covers their nose and mouth,
 - b. maintain a two metre distance from every other person in the care location.
2. An occasional other outside provider who does not have close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is not in compliance with section 1, must not be in a care location.
3. An operator must not permit an occasional other outside provider who does not have close contact with a patient, resident or client, who does not provide an operator with proof of vaccination or an exemption, and who is not in compliance with section 1, to be in a care location.

4. An occasional other outside provider who has does not have close contact with a patient, resident or client, and who has an exemption, must comply with the conditions of the exemption when in a care location.
5. An operator must not permit an occasional other outside provider who does not have close contact with a patient, resident or client, and who has an exemption, to be in a care location, if the occasional other outside provider who does not have close contact with a patient, resident or client is not in compliance with section 4.

K. PROVIDERS WHO HAVE APPLIED FOR AN EXEMPTION

1. Despite Parts F through I, an unvaccinated provider referred to in those Parts who has a made a request for an exemption may be in a care location after October 25, 2021, until their request is responded to by me or the medical health officer, if the provider provides an operator with proof of an exemption request, and
 - a. wears a face covering which covers their nose and mouth,
 - b. is not in close contact with a patient, resident or client, unless this is necessary.
2. An operator must not permit an unvaccinated provider to whom section 1 applies to be in a care location, unless the provider is in compliance with section 1.

L. NOTICE TO HEALTH PROFESSIONALS

TAKE NOTICE that in accordance with further direction from me, health professionals to be determined by me and their staff, not otherwise required to be vaccinated under the *Residential Care COVID-19 Preventive Measures* Order or this Order, will be required to be vaccinated by a date to be determined by me, in order to provide health care or services in the Province.

M. DELEGATION OF AUTHORITY TO THE MEDICAL HEALTH OFFICER TO CONSIDER AND MAKE A DECISION WITH RESPECT TO A REQUEST FOR RECONSIDERATION MADE UNDER SECTION 43 RELATING TO A CARE LOCATION OR A REQUEST FOR AN EXEMPTION ON A MEDICAL BASIS

Under the authority vested in me by section 69 of the *Public Health Act*, I delegate my authority under section 43 of the *Public Health Act* to the medical health officer for the geographic region of the Province in which a care location is located to receive, consider, and make a decision with respect to a request for reconsideration related to the care location, and to the medical health officer for the geographic region in which an individual works, to receive, consider and made a decision with respect to a request from the individual seeking a medical exemption.

N. SPECIFICATION AND DESIGNATION OF THE MEDICAL HEALTH OFFICER TO RECEIVE A NOTICE UNDER SECTION 56 (2) OF THE PUBLIC HEALTH ACT AND TO ISSUE AN INSTRUCTION

Under the authority vested in me by section 56 of the *Public Health Act*, I designate the medical health officer to receive a written notice from a medical practitioner under section 56 (2) with respect to a person in the geographic region of the Province for which the medical health officer

is designated, and designate the medical health officer to issue an instruction to the person in response to the notice, if reasonably practical.

O. MEDICAL HEALTH OFFICER ORDERS

Recognizing that the risk differs in different regions of the Province, and that medical health officers are in the best position to assess local circumstances with respect to the risk of the transmission of communicable diseases in hospital or community settings, **I FURTHER ORDER:**

1. A medical health officer may make an order subsequent to this Order for the purpose of imposing more restrictive limitations or conditions with respect to hospital or community settings in the geographic area of the Province for which the medical health officer is designated, or with respect to a particular care location or a class of care location.
2. While it is in force, a provision in an order made by a medical health officer subsequent to this Order, which imposes more restrictive limitations or requirements than this Order with respect to hospital or community settings, a care location, or a class of care location, applies in the whole or part of the geographic area of the Province for which the medical health officer is designated, according to the terms of the order, despite the provisions of this Order.

This Order does not have an expiration date.

You are required under section 42 of the *Public Health Act* to comply with this Order.

Pursuant to section 43 of the *Public Health Act*, you may request the medical health officer [*see below*] to reconsider this Order if you:

- (a) have additional relevant information that was not reasonably available to the health officer when the order was issued or varied,
- (b) have a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would
 - (i) meet the objective of the order, and
 - (ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or
- (c) require more time to comply with the order.

A request for reconsideration from a person seeking an exemption from the requirement to be vaccinated, or to provide proof of vaccination, must be made on the basis that the health of the person would be seriously jeopardized if the person were to comply with the Order, and must follow the guidelines posted on the Provincial Health Officer's website (<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>).

A request under section 43 may be submitted to the Provincial Health Officer at PHOExemptions@gov.bc.ca with the subject line "Request for Reconsideration about Preventive Measures in Hospital or Community Locations".


Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

Dr. Bonnie Henry, Provincial Health Officer
4th Floor, 1515 Blanshard Street
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
Fax: (250) 952-1570
Email: ProvHlthOffice@gov.bc.ca

DATED THIS: 21st day of October 2021

SIGNED: 
Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY: Posting to the BC Government and the BC Centre for Disease Control websites.

Enclosure: Excerpts of the *Public Health Act*.

ENCLOSURE**Excerpts of the *Public Health Act* [SBC 2008] c. 28****Definitions****In this Act:****“health hazard”** means

- (a) a condition, a thing or an activity that
 - (i) endangers, or is likely to endanger, public health, or
 - (ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or
- (b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that
 - (i) is associated with injury or illness, or
 - (ii) fails to meet a prescribed standard in relation to health, injury or illness;

“health professional” means

- (a) a medical practitioner,
- (b) a person authorized to practise a designated health profession within the meaning of the *Health Professions Act*, or
- (c) a person who practises a health profession within the meaning of the *Health Professions Act* that is prescribed for the purposes of this definition;

When orders respecting health hazards and contraventions may be made

30 (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or
- (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting health hazards and contraventions

31 (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;
- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;
- (d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

(2) A health officer may issue an order under subsection (1) to any of the following persons:

- (a) a person whose action or omission
 - (i) is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (b) a person who has custody or control of a thing, or control of a condition, that
 - (i) is a health hazard or is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (c) the owner or occupier of a place where
 - (i) a health hazard is located, or
 - (ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

Specific powers respecting health hazards and contraventions

32 (1) An order may be made under this section only

- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
- (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
 - (i) by a specified person, or under the supervision or instructions of a specified person,
 - (ii) moving the thing to a specified place, and
 - (iii) taking samples of the thing, or permitting samples of the thing to be taken;
- (b) in respect of a place,
 - (i) leave the place,

- (ii) not enter the place,
- (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,
- (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
- (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;
- (c) stop operating, or not operate, a thing;
- (d) keep a thing in a specified place or in accordance with a specified procedure;
- (e) prevent persons from accessing a thing;
- (f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;
- (g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;
- (h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;
- (i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;
- (j) provide evidence of complying with the order, including
 - (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and
 - (ii) providing to a health officer any relevant record;
- (k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

- (a) the person consents in writing to the destruction of the thing, or
- (b) Part 5 [*Emergency Powers*] applies.

Contents of orders

- 39** (3) An order may be made in respect of a class of persons.
- (6) A health officer who makes an order may vary the order
- (a) at any time on the health officer's own initiative, or

(b) on the request of a person affected by the order, following a reconsideration under section 43 [*reconsideration of orders*].

Duty to comply with orders

42 (1) A person named or described in an order made under this Part must comply with the order.
 (2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

Reconsideration of orders

43 (1) A person affected by an order, or the variance of an order, may request the health officer who issued the order or made the variance to reconsider the order or variance if the person

- (a) has additional relevant information that was not reasonably available to the health officer when the order was issued or varied,
- (b) has a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would
 - (i) meet the objective of the order, and
 - (ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or
- (c) requires more time to comply with the order.

(2) A request for reconsideration must be made in the form required by the health officer.

(3) After considering a request for reconsideration, a health officer may do one or more of the following:

- (a) reject the request on the basis that the information submitted in support of the request
 - (i) is not relevant, or
 - (ii) was reasonably available at the time the order was issued;
- (b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;
- (c) confirm, rescind or vary the order.

(4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).

(5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.

(6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

(7) For the purposes of this section,

- (a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and

(b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.

(8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

General emergency powers

54 (1) A health officer may, in an emergency, do one or more of the following:

(h) not reconsider an order under section 43 [reconsideration of orders], not review an order under section 44 [review of orders] or not reassess an order under section 45 [mandatory reassessment of orders];

Emergency preventive measures

56 (1) The provincial health officer or a medical health officer may, in an emergency, order a person to take preventive measures within the meaning of section 16 [*preventive measures*], including ordering a person to take preventive measures that the person could otherwise avoid by making an objection under that section.

(2) If the provincial health officer or a medical health officer makes an order under this section, a person to whom the order applies must comply with the order unless the person delivers to a person specified by the provincial health officer or medical health officer, in person or by registered mail,

(a) a written notice from a medical practitioner stating that the health of the person who must comply would be seriously jeopardized if the person did comply, and

(b) a copy of each portion of that person's health record relevant to the statement in paragraph (a), signed and dated by the medical practitioner.

(3) If a person delivers a notice under subsection (2), the person must comply with an instruction of the provincial health officer or a medical health officer, or a person designated by either of them, for the purposes of preventing infection with, or transmission of, an infectious agent or a hazardous agent.

Emergency powers respecting reporting

57 (1) The provincial health officer may, in an emergency, order that a specified infectious agent, hazardous agent, health hazard or other matter be reported under this section.

(2) If an order is made under this section, a person required by the order to make a report must promptly report, to the extent of his or her knowledge, to a medical health officer the information required by the order.

(3) If a person is required to make a report under this Act, the provincial health officer may in an emergency order the person exempt from the requirement, or vary the requirement.

Provincial health officer may act as health officer

67 (1) The provincial health officer may exercise a power or perform a duty of a medical health officer under this or any other enactment, if the provincial health officer

(a) reasonably believes that it is in the public interest to do so because

(i) the matter extends beyond the authority of one or more medical health officers and coordinated action is needed, or

(ii) the actions of a medical health officer have not been adequate or appropriate in the circumstances, and

(b) provides notice to each medical health officer who would otherwise have authority to act.

(2) During an emergency under Part 5 [*Emergency Powers*], the provincial health officer may exercise a power or perform a duty of a health officer under this or any other enactment, and, for this purpose, subsection (1) does not apply.

Delegation by provincial health officer

69 The provincial health officer may in writing delegate to a person or class of persons any of the provincial health officer's powers or duties under this Act, except the following:

(a) a power to further delegate the power or duty;

(b) a duty to make a report under this Act.

Offences

99 (1) A person who contravenes any of the following provisions commits an offence:

...

(k) section 42 [*failure to comply with an order of a health officer*], except in respect of an order made under section 29 (2) (e) to (g) [*orders respecting examinations, diagnostic examinations or preventive measures*];