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**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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.

(4) The provincial health officer, or a medical health officer with the approval of the provincial health officer, may apply to a judge of the Provincial Court for an order to detain a person who

(a) does not comply with an order under this section or an instruction under subsection (3), or

(b) delivers a notice under subsection (2) but in respect of whom an instruction under subsection (3) would not be reasonably practical in the circumstances.

(5) For the purposes of subsection (4) of this section,

(a) the application must be made in the manner set out in the regulations,

(b) a judge of the Provincial Court, on receiving the application, may make an order described in section 49 (3) [*application to court if danger to public health*] if satisfied by evidence on oath or affirmation that the circumstances described in subsection (4) of this section exist, and

(c) section 49 (4) to (7) applies.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **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*];

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## FW: Vaccination Status Information Order - now includes being directed to the Minister

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From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Dix, Adrian HLTH:EX <Adrian.Dix@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
Cc: van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Sent: September 1, 2021 10:15:44 AM PDT  
Attachments: Vaccination Status Information Order August 31 consult.docx

Good morning Minister,

I have attached the latest version of the order for HCW in LTC. We have evolved a bit in how this can be implemented by linking the names of employees with the EMPI for their PHN. This is the most efficient way to collect the information.

You as the Minister are responsible for the EMPI under an *E-Health Act* Designation Order, so we need to include a requirement ordering the Minister (you) to produce PHNs from the EMPI, based on receipt of this information, so that the PHN can be used to produce the vaccination status from the Provincial Immunization Registry.

The linkage will be undertaken by Ministry staff on your behalf, but I just wanted to flag this for you as the order is directed you, prior to us publishing the order, hopefully today. I have highlighted the relevant sections in the attached.

Happy to have a quick call if you need.

My best,  
Bonnie

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19*

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[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)*

Phone: s.17

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 57 (1), 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

### ***COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER– August 31, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**
- TO: THE MINISTER OF HEALTH**

**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines which prevent or reduce the risk of infection with SARS-CoV-2 have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. The presence of an unvaccinated outside provider in a facility creates a risk to residents and staff;
- L. The Minister of Health is the custodian of the health information bank known as the Enterprise Master Patient Index (“EMPI”), which includes the personal health numbers of residents of the Province;
- M. The Enterprise Master Patient Index is governed by the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and Designation Order M109, which authorizes the Minister

of Health to release information in order to address public health needs, to conduct public health surveillance, and to assess and address threats to public health;

- N. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities 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 public, including constitutionally protected interests, against the risk of harm to residents and staff of facilities created by the presence of unvaccinated persons in facilities;
- O. 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 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;
- P. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- Q. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of resident and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) the presence of an unvaccinated staff member or an unvaccinated outside provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (iii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iv) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. match this information with information in the Provincial Immunization Registry;
  - (v) in order to confirm the vaccination status of staff in facilities, I need to

- a. collect personal information about staff from employers;
- b. provide this information to the Minister of Health, so that the Minister may match it with information in the Enterprise Master Patient Index for the purpose of validating or providing me with the personal health numbers of staff; and
- c. upon receiving the personal information of staff from employers, and the validation of the personal health numbers of staff from the Minister of Health, match this information with information in the Provincial Immunization Registry.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record, or collected from a resident;
2. order operators to collect and retain vaccination status information from outside providers;
3. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
4. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
5. order staff to provide personal information to employers for the purpose of reporting it to me;
6. collect the personal information of staff from employers and provide it to the Minister of Health, so that the Minister of Health may match it with information in the Enterprise Master Patient Index, in order to validate the personal health numbers of staff provided by employers, or to provide me with the personal health numbers of staff;
7. use the personal information provided by operators, admitters, employers and the Minister of Health to confirm the vaccination status of residents and staff by matching the information with information in the Provincial Immunization Registry;
8. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
9. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;
10. order preventive measures to protect residents and staff from the risk of transmission of SARS-CoV-2;
11. prohibit persons who have not provided proof of vaccination or are not in compliance with preventive measures from being in a facility.

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:****In this Order**

“**admitter**” includes an operator;

“**category of staff member**” means a job description in accordance with Schedule 1;

“**close contact**” means within two metres of another person;

“**facility**” means a long term care facility, a private hospital, a stand- alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

“**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;

“**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, unless otherwise stated;

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

“**operator**” means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, and a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

“**outside health care or personal care provider**” means a physician, nurse, physiotherapist, occupational therapist, home support worker, practicum student providing health care or personal care, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor

“**outside support or personal service provider**” means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;

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

“**PCR test**” means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

“**proof of vaccination**” means providing official written documentation that a person has been vaccinated either in paper or online format;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract;

**“unvaccinated”** means that a person does not meet the definition of “vaccinated” and includes

- a. a staff member who has not provided the information required to be provided under this Order, and;
- b. a staff member who has not been vaccinated in British Columbia, and who does not provide their vaccination history as required by this Order;

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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. Provide the following information about current residents from resident files, or collect the following information from current residents, and from new residents at the time of admission, and provide it with the name and address of the facility to me by September 8, 2021 for current residents, and thereafter at the time of admission for new residents, at the data entry portal:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.

#### **B. RESIDENTS**

##### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.

2. If the resident has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

### **C. EMPLOYERS**

#### **MUST:**

1. Subject to <sup>s.13</sup> provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and from new staff at the time of hire, and provide this information, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by September 8, 2021, for current staff, and thereafter at the time of hire for new staff, to me at the [data entry portal](#):
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.
2. <sup>s.13</sup>

### **D. STAFF**

#### **MUST:**

1. Subject to section 2, provide the following information to their employer:
  - a. their legal first and last names;
  - b. their birthdate;
  - c. their personal health number or their street address, postal code and city of residence.
2. Despite section 1 (c), if a staff member provides their street address, postal code and city of residence to an employer, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the staff member must provide the staff member's personal health number to the employer, at the employer's request.
3. If the staff member has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

**E. MINISTER OF HEALTH****MUST:**

Collect the personal information of staff from me and match the information with information in the Enterprise Master Patient Index, and validate, or provide me with, the personal health numbers of staff.

**F. PREVENTIVE MEASURES APPLICABLE TO STAFF**

**Commencing on September 13, 2021, the following preventive measures and requirements come into effect:**

1. An unvaccinated staff member must wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
2. Despite section 1, an unvaccinated staff member may remove a medical mask when consuming food or a beverage.
3. An unvaccinated staff member must be tested for COVID-19 by means of a rapid test at a facility at every shift.
4. If a rapid test result for an unvaccinated staff member is positive, the unvaccinated staff member must
  - a. notify the operator, and employer if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
5. An operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.



6. An operator must make provision for the rapid testing of unvaccinated staff for COVID-19 in the facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 3.
7. An operator and employer, if not the operator, must require an unvaccinated staff member who tests positive after a rapid test to leave the facility immediately, if it is operationally safe to do so.
8. An unvaccinated staff member who does not wear a medical mask which covers their nose and mouth, or get tested as required in section 3, must not be in a facility.
9. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result after receiving a positive test result from a rapid test must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.
10. An operator and employer, if not the operator, must not permit an unvaccinated staff member who is not wearing a medical mask which covers their nose and mouth, or who does not get tested as required in section 3, to be in a facility.
11. An operator and employer, if not the operator, must not permit an unvaccinated staff member who tests positive on a rapid test to return to a facility, until the staff member provides a negative PCR test result, or 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

## **F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit a regular outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.

4. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.
6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. An outside support or personal service provider who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination, to be in a facility.

4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination, and who is not in compliance with section 1 to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every person in the facility, except a resident with whom it is necessary that they be in close contact,
  - c. not be in close contact with a resident unless this is necessary.
2. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.

2. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
4. An operator must not permit an occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
5. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 WITH RESPECT TO THIS ORDER**

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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to the facility.

**M. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

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

(a) have additional relevant information that was not reasonably available to me or another health officer when the order was issued or varied,

(b) have a proposal that was not presented to me or another 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 of a preventive measure on the basis of a medical contraindication made by a person to whom this Order applies must include a signed and dated statement from a medical practitioner based upon an assessment of the patient's health that the health of the person would be seriously jeopardized if the person were to comply with the preventive measure, and a signed and dated copy of each portion of the person's health record relevant to this statement.

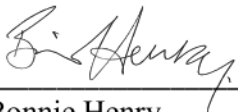
A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures".

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 31<sup>st</sup> day of August 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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.

(4) The provincial health officer, or a medical health officer with the approval of the provincial health officer, may apply to a judge of the Provincial Court for an order to detain a person who

(a) does not comply with an order under this section or an instruction under subsection (3), or

(b) delivers a notice under subsection (2) but in respect of whom an instruction under subsection (3) would not be reasonably practical in the circumstances.

(5) For the purposes of subsection (4) of this section,

(a) the application must be made in the manner set out in the regulations,

(b) a judge of the Provincial Court, on receiving the application, may make an order described in section 49 (3) [*application to court if danger to public health*] if satisfied by evidence on oath or affirmation that the circumstances described in subsection (4) of this section exist, and

(c) section 49 (4) to (7) applies.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **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*];

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

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Withheld pursuant to/removed as

s.13 ; s.14

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.17



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Withheld pursuant to/removed as

s.13 ; s.14

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

Page 066 of 989

Withheld pursuant to/removed as

s.13 ; s.14

Page 067 of 989 to/à Page 068 of 989

Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

**RE:** s.13; s.17

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**From:** Matt Prescott <MattP@heabc.bc.ca>  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Sent:** September 1, 2021 11:49:51 AM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the sk̓wxwú7mesh (Squamish), sel̓íłwítulh (Tsleil-Waututh), and xwməθ kwəy̓əm (Musqueam) nations.

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---

**From:** Matt Prescott  
**Sent:** Tuesday, August 31, 2021 3:11 PM  
**To:** Emerson, Brian P HLTH:EX (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>; Mark.Armitage@gov.bc.ca  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** RE:s.13; s.17

Hi Brian,

s.13; s.17

Let me know if you have further questions or if a discussion would be helpful.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Tuesday, August 31, 2021 11:48 AM  
**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Cc:** Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>  
**Subject:** RE:s.13; s.17

Thanks again for this Matt.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Sent:** August 30, 2021 7:05 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Cc:** Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>  
**Subject:**s.13; s.14

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Hi Mark and Brian,

If you have any questions please let me know.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the  $\text{skw}\text{xw}\text{ú}7\text{mesh}$  (Squamish),  $\text{selil}\text{w}\text{it}\text{ulh}$  (Tsleil-Waututh), and  $\text{xwm}\text{ə}\text{θ}\text{ kwəy}\text{əm}$  (Musqueam) nations.

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# 1183853 - Policy Communique 2020-01 - Infection Prevention and Control for COVID 19

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From: DMOFFICE, HLTH HLTH:EX <HLTH.DMOFFICE@gov.bc.ca>  
To: XT:Ulrich, Cathy HLTH:IN <cathy.ulrich@northernhealth.ca>, XT:byres, david HLTH:IN <david.byres@phsa.ca>, XT:Dalton, Fiona HLTH:IN <fdalton@providencehealth.bc.ca>, XT:MacNeil, Kathryn HLTH:IN <Kathryn.MacNeil@viha.ca>, XT:Jock, Richard HLTH:IN <richard.jock@fnha.ca>, XT:Brown, Susan PSA:IN <susan.brownCEO@interiorhealth.ca>, XT:Lee, Victoria FRHA:IN <victoria.lee@fraserhealth.ca>, XT:HLTH Eliopoulos, Vivian <Vivian.Eliopoulos@vch.ca>, Angela.DeSmit@northernhealth.ca, Ciro.Panessa@northernhealth.ca, XT:Heppell, Leanne HLTH:IN <lheppell@providencehealth.bc.ca>, Michelle.Adkins@fnha.ca, XT:Anguish, Penny HLTH:IN <penny.anguish@northernhealth.ca>  
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<Sandra.Sundhu@gov.bc.ca>, Rajan, Shelina HLBC:EX <Shelina.Rajan@gov.bc.ca>, Burniston, Stephanie HLTH:EX <Stephanie.Burniston@gov.bc.ca>, Patterson, Ted HLTH:EX <Ted.Patterson@gov.bc.ca>, Collins, Teri HLTH:EX <Teri.Collins@gov.bc.ca>, Vowles, Wendy M HLTH:EX <Wendy.Vowles@gov.bc.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, dennis.cleaver@northernhealth.ca, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, jong.kim@northernhealth.ca, XT:ODonnell, Maureen HLTH:IN <modonnell@phsa.ca>, XT:HLTH Daly, Patty <Patty.Daly@vch.ca>, reka.gustafson@bccdc.ca, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, AFLatt@phsa.ca, andrew.pattison@interiorhealth.ca, XT:HLTH Greer, Bonnie <bonnie.greer@northernhealth.ca>, Gillian.Davies@viha.ca, JKow@providencehealth.bc.ca, XT:Kirby, Liana HLTH:IN <liana.kirby@fraserhealth.ca>, linda.dempster@fraserhealth.ca, lindsay.kaluza@interiorhealth.ca, XT:Hicks, Paula HLTH:IN <phicks@providencehealth.bc.ca>, ross.brown@vch.ca, sharon.Macneil@phsa.ca, Marko.Peljhan@viha.ca, dean.chittock@vch.ca, jeremy.etherington@viha.ca, XT:Ertel, Mike HLTH:IN <Michael.Ertel@interiorhealth.ca>, ronald.chapman@northernhealth.ca, XT:Morton, Roy HLTH:IN <roy.morton@fraserhealth.ca>

Sent: September 1, 2021 1:12:51 PM PDT  
Attachments: 1183853 Communique 2020-01 IPC for COVID-19 - Cover Page.pdf, 1183853 Communique 2020-01 IPC for COVID-19 - Policy - Update Aug 31 2021.pdf

Good afternoon,

Please see the attached Policy Communique from Deputy Minister Stephen Brown, regarding requirements for preventing and controlling COVID-19 in health authorities.

This document replaces the May 19, 2020 version of Communique 2020-01.

Thank you,  
Corporate Operations Unit  
Ministry of Health

*Gratefully Acknowledging the Traditional Homelands of the Lekwungen Peoples of the Songhees & Esquimalt Nations*

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MINISTRY OF HEALTH  
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Health Authority CEOs

TRANSMITTAL DATE: September 1, 2021

COMMUNIQUÉ 2020-01  
NUMBER:

CLIFF NUMBER: 1183853

SUBJECT: Infection Prevention and Control for COVID-19.

DETAILS: This document replaces the May 19, 2020 version of  
Communique 2020-01.

This document outlines updated Ministry of Health  
requirements for preventing and controlling COVID-19  
in health authorities.

EFFECTIVE DATE: Immediately.

MINISTRY CONTACT: Brian Sagar, Senior Director, Communicable Disease,  
Population and Public Health

---

Stephen Brown  
Deputy Minister  
Ministry of Health

## Ministry of Health Policy

### Infection Prevention and Control for COVID-19

#### Policy Objective and Scope

- This policy protects patients, clients, clinicians, health care workers (clinical and non-clinical) and the public by outlining provincial expectations for the implementation of infection prevention and control (IPC) practices to prevent and control COVID-19 in all health care facilities, programs and services, as well as community physician offices and outpatient clinics.

#### Definitions

- **Shall:** A mandatory requirement based on a BC Ministry of Health directive.
- **Should:** A recommended best practice for implementation at the discretion of health care organizations and facilities.
- **Non-clinical staff:** All staff that are not providing clinical care including, but not limited to, administrative and office staff, facilities staff, contracted staff and volunteers.

#### Policy

##### Acute Care

- Health care organizations and facilities within the scope of this policy shall implement the **COVID-19: Infection Prevention and Control Guidance for Acute Care Settings**, as published by the BC Centre for Disease Control (BCCDC):  
[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_IPCGuidance\\_AcuteCare.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidance_AcuteCare.pdf)

##### Acute Care - Family and Visitors

- Health care organizations and facilities within the scope of this policy shall implement the **Ministry of Health – Overview of Visitors in Care - Visitation** guidance for Acute Care, as published by the BCCDC:  
[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_VisitorsAcuteCare.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_VisitorsAcuteCare.pdf)

##### BC Emergency Health Services (BCEHS)

- Health care organizations and facilities within the scope of this policy shall implement the **Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for British Columbia Emergency Health Services**, as published by the BCCDC:  
[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19\\_IPC\\_Interim\\_Guidance\\_%20BCEHS.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_IPC_Interim_Guidance_%20BCEHS.pdf).

#### Community-Based Health Care Clinics

- Health care organizations and facilities within the scope of this policy shall implement the **COVID-19: Infection and Prevention Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings**, as published by the BCCDC:

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf).

#### Home and Community Health Care

- Health care organizations and facilities within the scope of this policy shall implement the **COVID-19: Infection and Prevention Control Guidance for Home and Community Health Care Settings**, as published by the BCCDC:

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_HomeCommunityCareIPCGuidance.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HomeCommunityCareIPCGuidance.pdf).

#### Long-Term Care & Seniors' Assisted Living

- Health care organizations and facilities within the scope of this policy shall implement the **COVID-19: Infection and Prevention Control Guidance for Long-Term Care and Seniors' Assisted Living Settings**, as published by the BCCDC: [http://www.bccdc.ca/Health-Info-Site/Documents/COVID19\\_LongTermCareAssistedLiving.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf).

#### Long-Term Care & Seniors' Assisted Living – Family and Visitors

- Health care organizations and facilities within the scope of this policy shall implement the **Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living - visitation requirements for Long-Term Care and Seniors' Assisted Living**, as published by the BCCDC:

[http://www.bccdc.ca/Health-Info-Site/Documents/Visitors\\_Long-Term\\_Care\\_Seniors\\_Assisted\\_Living.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Visitors_Long-Term_Care_Seniors_Assisted_Living.pdf).

#### Outbreak Management Protocols

- Health care organizations and facilities with the scope of this policy shall implement the **COVID-19: Outbreak Management Protocols for Acute Care, Long-Term Care and Seniors' Assisted Living Settings**, as published by the BCCDC:

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19\\_Provincial\\_Outbreak\\_Management\\_Protocol\\_LTC.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_Provincial_Outbreak_Management_Protocol_LTC.pdf).

#### Personal Protective Equipment (PPE) – Mask Use

- Please see the Ministry of Health *Policy Communique* for guidance on **Mask Use in Health Care Facilities** During the COVID-19 Pandemic:

<http://www.bccdc.ca/Health-Professionals-Site/Documents/>

Mask\_Use\_Health\_Care\_Facilities.pdf.

Personal Protective Equipment (PPE) – Respirator Fit Testing

- Health care organizations and facilities within the scope of this policy shall perform fit tests as required by BC’s Occupational Health and Safety Regulation.

Personal Protective Equipment (PPE) – Measures for Providing Respirators

- Health care organizations and facilities within the scope of this policy shall implement the following:
  - provide access to additional PPE, such as respirators, in circumstances where a health care worker determines there is elevated risk of COVID-19 transmission through patient interaction based on a Point of Care Risk Assessment:  
[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_PointOfCareRiskAssessTool.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PointOfCareRiskAssessTool.pdf)
  - work collaboratively to actively manage inventories of respirators. This includes implementing a formal approval process for respirator distribution.
  - implement appropriate, alternative respirators where required. This includes adopting alternative respirators, reusable respirators, and Powered Air-Purifying Respirators (PAPRs). Alternative products may require additional training and education for health care workers.
  - permit limited, extended use of respirators whereby a single respirator can be worn for repeated, close contact encounters with multiple patients without removing the respirator.

Personal Protective Equipment (PPE) – Additional Measures

- Effective immediately, health care organizations and facilities within the scope of this policy shall implement the following additional measures:
  - must work collaboratively with Provincial Health Services Authority Supply Chain to actively manage inventories of PPE to ensure all areas have adequate and appropriate PPE supplies.
  - must continue to actively oversee and manage PPE supplies. This includes implementing a formal, centralized approval process for PPE distribution.
  - must designate a central, managed location within each facility from which PPE supplies shall be stored for distribution to approved departments.
  - must not order excessive amounts of PPE from the Provincial Health Services Authority Supply Chain as a response to COVID-19.

## COVID-19 Vaccination Status Information and Preventive Measures Order

---

From: Emerson, Brian P HLTH:EX  
To: Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Collins, Teri HLTH:EX <Teri.Collins@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Hrycuik, Lorie <Lorie.Hrycuik@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Gudavicius, Geoff HLTH:EX <Geoff.Gudavicius@gov.bc.ca>, Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Malovec, Anita HLTH:EX <anita.malovec@gov.bc.ca>, Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>, Perry, Tim HLTH:EX <Tim.Perry@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
Sent: September 1, 2021 2:56:19 PM PDT  
Attachments: Vaccination Status Information Order August 31 final.pdf

Attached is the next version of this order, which has been sent for posting to the PHO website.

Key changes from the previous order are mostly to do with information requirements, including:

- extension of deadline for submission of information from facilities to September 8, and consequent extension of the expectation for testing to start to September 13
- option of submission of contact information (address, street address, postal code and city of residence) for generation of the personal health number (PHN) by the Ministry, in place of submission of PHN
- submission of data of current and resident leaving facilities, to keep information about the cohort in the facilities current
- up date of definition of vaccinated which is after 7 days post second dose, rather than 14 days

Thanks for all the very helpful feedback on the initial version of the order, and all the great work to implement this initiative.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 57 (1), 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

### ***COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER – August 31, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**
- TO: THE MINISTER OF HEALTH**



**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines which prevent or reduce the risk of infection with SARS-CoV-2 have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. The presence of an unvaccinated outside provider in a facility creates a risk to residents and staff;
- L. The Minister of Health is the custodian of the health information bank known as the Enterprise Master Patient Index (“EMPI”), which includes the personal health numbers of residents of the Province;
- M. The Client Registry System/Enterprise Master Patient Index is governed by the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and Designation Order M109, which

authorizes the Minister of Health to release information in order to address public health needs, to conduct public health surveillance, and to assess and address threats to public health;

- N. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities 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 public, including constitutionally protected interests, against the risk of harm to residents and staff of facilities created by the presence of unvaccinated persons in facilities;
- O. 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 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;
- P. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- Q. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of resident and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) the presence of an unvaccinated staff member or an unvaccinated outside provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (iii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iv) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. match this information with information in the Provincial Immunization Registry;
  - (v) in order to confirm the vaccination status of staff in facilities, I need to

- a. collect personal information about staff from employers;
- b. provide this information to the Minister of Health, so that the Minister may match it with information in the Enterprise Master Patient Index for the purpose of validating or providing me with the personal health numbers of staff; and
- c. upon receiving the personal information of staff from employers, and the validation of or the personal health numbers of staff from the Minister of Health, match this information with information in the Provincial Immunization Registry.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record, or collected from a resident;
2. order operators to collect and retain vaccination status information from outside providers;
3. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
4. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
5. order staff to provide personal information to employers for the purpose of reporting it to me;
6. collect the personal information of staff from employers and provide it to the Minister of Health, so that the Minister of Health may match it with information in the Enterprise Master Patient Index, in order to validate the personal health numbers of staff provided by employers, or to provide me with the personal health numbers of staff;
7. use the personal information provided by operators, admitters, employers and the Minister of Health to confirm the vaccination status of residents and staff by matching the information with information in the Provincial Immunization Registry;
8. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
9. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;
10. order preventive measures to protect residents and staff from the risk of transmission of SARS-CoV-2;
11. prohibit persons who have not provided proof of vaccination or are not in compliance with preventive measures from being in a facility.

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:****In this Order**

“**admitter**” includes an operator;

“**category of staff member**” means a job description in accordance with Schedule 1;

“**close contact**” means within two metres of another person;

“**facility**” means a long term care facility, a private hospital, a stand-alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

“**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;

“**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, unless otherwise stated;

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

“**operator**” means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, and a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

“**outside health care or personal care provider**” means a physician, nurse, physiotherapist, occupational therapist, home support worker, practicum student providing health care or personal care, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

“**outside support or personal service provider**” means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;

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

“**PCR test**” means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

“**proof of vaccination**” means providing official written documentation that a person has been vaccinated either in paper or online format;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract;

**“unvaccinated”** means that a person does not meet the definition of “vaccinated” and includes

- a. a staff member who has not provided the information required to be provided under this Order, and;
- b. a staff member who has not been vaccinated in British Columbia, and who does not provide their vaccination history as required by this Order;

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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. Provide the following information about current residents from resident files, or collect it from current residents, and provide it to me, with the name and address of the facility, by September 8, 2021, by entering the information at the [data entry portal](#), or as directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.
2. Collect the following information from new residents at the time of admission, and provide it to me, with the name and address of the facility, at the time of admission, by entering the information at the [data entry portal](#), or as directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate;
  - c. the resident’s personal health number; and
  - d. the resident’s date of admission.
3. Provide the date on which a resident is discharged from or ceases to live in a facility to me, at the time the resident is discharged from, or ceases to live in a facility, by entering the

date, the name of the resident, and the name and address of the facility, at the data entry portal, or as directed by me.

## **B. RESIDENTS**

### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident's legal first and last names;
  - b. the resident's birthdate; and
  - c. the resident's personal health number.
2. If the resident has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **C. EMPLOYERS**

### **MUST:**

1. Subject to section 4, provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to me, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information by September 8, 2021, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.
2. Subject to section 4, collect the following information from new staff, and provide this information to me, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence; and

- d. the date the new staff member begins to work at the facility.
3. Provide the date on which a staff member ceases to work in a facility to me, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
4. Despite section 1 (c), if an employer provides a staff member's street address, postal code and city of residence, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the employer must collect the staff member's personal health number from the staff member, and provide it to me, at my request into the data entry portal, or as directed by me..

#### **D. STAFF**

##### **MUST:**

1. Subject to section 2, provide the following information to their employer:
  - a. their legal first and last names;
  - b. their birthdate;
  - c. their personal health number or their street address, postal code and city of residence.
2. Despite section 1 (c), if a staff member provides their street address, postal code and city of residence to an employer, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the staff member must provide the staff member's personal health number to the employer, at the employer's request.
3. If the staff member has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

#### **E. MINISTER OF HEALTH**

##### **MUST:**

Collect the personal information of staff from me and match the information with information in the Enterprise Master Patient Index, and validate, or provide me with, the personal health numbers of staff.

#### **F. PREVENTIVE MEASURES APPLICABLE TO STAFF**

**Commencing on September 13, 2021, the following preventive measures and requirements come into effect:**

1. An unvaccinated staff member must wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.

2. Despite section 1, an unvaccinated staff member may remove a medical mask when consuming food or a beverage.
3. An unvaccinated staff member must be tested for COVID-19 by means of a rapid test at a facility at every shift.
4. If a rapid test result for an unvaccinated staff member is positive, the unvaccinated staff member must
  - a. notify the operator, and employer if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
5. An operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
6. An operator must make provision for the rapid testing of unvaccinated staff for COVID-19 in the facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 3.
7. An operator and employer, if not the operator, must require an unvaccinated staff member who tests positive after a rapid test to leave the facility immediately, if it is operationally safe to do so.
8. An unvaccinated staff member who does not wear a medical mask which covers their nose and mouth, or get tested as required in section 3, must not be in a facility.
9. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result after receiving a positive test result from a rapid test must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.



10. An operator and employer, if not the operator, must not permit an unvaccinated staff member who is not wearing a medical mask which covers their nose and mouth, or who does not get tested as required in section 3, to be in a facility.
11. An operator and employer, if not the operator, must not permit an unvaccinated staff member who tests positive on a rapid test to return to a facility, until the staff member provides a negative PCR test result, or 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

#### **F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.
6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.

8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. An outside support or personal service provider who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination, and who is not in compliance with section 1 to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every person in the facility, except a resident with whom it is necessary that they be in close contact,
  - c. not be in close contact with a resident unless this is necessary.
2. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide

information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
4. An operator must not permit an occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
5. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 WITH RESPECT TO THIS ORDER**

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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to the facility.

**M. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

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

- (a) have additional relevant information that was not reasonably available to the me or another health officer when the order was issued or varied,
- (b) have a proposal that was not presented to me or another 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 of any aspect of this Order on the basis of a medical contraindication made by a person to whom the Order applies must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement.

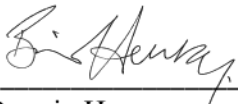
A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 31<sup>st</sup> day of August 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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.

(4) The provincial health officer, or a medical health officer with the approval of the provincial health officer, may apply to a judge of the Provincial Court for an order to detain a person who

(a) does not comply with an order under this section or an instruction under subsection (3), or

(b) delivers a notice under subsection (2) but in respect of whom an instruction under subsection (3) would not be reasonably practical in the circumstances.

(5) For the purposes of subsection (4) of this section,

(a) the application must be made in the manner set out in the regulations,

(b) a judge of the Provincial Court, on receiving the application, may make an order described in section 49 (3) [*application to court if danger to public health*] if satisfied by evidence on oath or affirmation that the circumstances described in subsection (4) of this section exist, and

(c) section 49 (4) to (7) applies.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

### **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*];

## RE: COVID-19 Vaccination Status Information and Preventive Measures Order for web posting

---

From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Ashley.Halicki@gov.bc.ca, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: September 1, 2021 3:00:39 PM PDT  
Attachments: Vaccination Status Information Order August 31 final.pdf

Please post the attached order to the PHO website, and would appreciate it being posted today:

Title is "COVID-19 Vaccination Status Information and Preventive Measures Order– August 31, 2021". Please move the current order to the archives, and create a new category called "Preventive Measures".

Key changes from the previous order are mostly to do with information requirements, including:

- extension of deadline for submission of information from facilities to September 8, and consequent extension of the expectation for testing to start to September 13
- option of submission of contact information (address, street address, postal code and city of residence) for generation of the personal health number (PHN) by the Ministry, in place of submission of PHN
- submission of data of current and resident leaving facilities, to keep information about the cohort in the facilities current
- up date of definition of vaccinated which is after 7 days post second dose, rather than 14 days

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 2, 2021 7:37 AM  
**To:** 'Matt Prescott'; Howatson, Evan HLTH:EX; Johnson, Eugene HLTH:EX; Fisher, Kiersten D HLTH:EX; Emerson, Brian P HLTH:EX  
**Cc:** Michael McMillan; Carmen Hamilton  
**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential  
**Attachments:** 2021 09 01 Draft GIU 310 Update 1.0 re mandatory vaccination employee bulletin.docx

Thanks Matt, overall looks good from my end. Just a couple of minor edits for consideration. I'll leave it to others to wade in on what is the correct hyperlink you are looking for.

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 1, 2021 5:16 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Michael McMillan <Michael.McMillan@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Subject:** Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi all,

Further to our call this morning, I've attached our draft update to GIU #310 which confirms that the timelines for current LTC & AL staff to be vaccinated have not changed, and provides a new bulletin for employers to send to all staff reminding them of the timelines for vaccination and also communicating the change to masking policy. We are working on updated to GIU #309 to address all changes in the amended PHO order issued today and we will send that our concurrently with the attached draft.

Brian please note that the attached draft says HEABC has been advised by the PHO that the timelines for the vaccination requirement for current staff have not changed.

Also note that we've used the links to BCCDC info regarding COVID vaccination for HCWs (provided by Eugene) in the template employer bulletin.

Please let me and Carmen know if you have any feedback on this. We'll also share the draft update to #309 shortly and we'll need to send both out tomorrow.

Thanks,

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífwitulh (Tseil-Waututh), and x̓w̓m̓əθ kw̓əy̓ə̓m (Musqueam) nations.

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Page 105 of 989 to/à Page 107 of 989

Withheld pursuant to/removed as

s.13 ; s.14

## FW: Mandatory Vaccine Qn

---

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Sent: September 2, 2021 7:47:09 AM PDT

Hi Brian,

Please see the email below. I know it has been very busy getting the amendments to Order 1 completed. Curious if there is an eta on Order 2 being posted so that I/we can share it with the BCGEU.?

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

-----Original Message-----

From: Camilleri, Brent <Brent.Camilleri@bcgeu.ca>  
Sent: September 1, 2021 4:49 PM  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Smith, Stephanie <Stephanie.Smith@bcgeu.ca>; Marchand, Danielle <Danielle.Marchand@bcgeu.ca>; Tones, Richard <Richard.Tones@bcgeu.ca>  
Subject: Mandatory Vaccine Qn

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Mark,

Although the PHO has announced that staff of LTC/ AL facilities will be required to have Dose 1 of a vaccine by Sep 13 and be fully vaccinated in Oct, we find that the current PHO order has no such requirement.

Our reps and activists are asking on what basis our workers are being told by their employers about these putative conditions of employment.<sup>s.13</sup>

s.13

My thanks,

Brent Camilleri, Coordinator, Negotiations, BCGEU (he/his/him) C. 604.345.1350, Toll Free 1.800.663.1674 Fax 604.294.5092, Toll Free 1.800.946.0244 Writing from the Unceded Territory of the xmkym (Musqueam), Skxwú7mesh (Squamish) & Slilwta (Tsleil-Waututh) peoples

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 2, 2021 7:48 AM  
**To:** Armitage, Mark W HLTH:EX; 'Matt Prescott'; Howatson, Evan HLTH:EX; Johnson, Eugene HLTH:EX; Emerson, Brian P HLTH:EX  
**Cc:** Michael McMillan; Carmen Hamilton  
**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

s.13

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 2, 2021 7:37 AM  
**To:** 'Matt Prescott' <MattP@heabc.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Michael McMillan <Michael.McMillan@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

Thanks Matt, overall looks good from my end. Just a couple of minor edits for consideration. I'll leave it to others to wade in on what is the correct hyperlink you are looking for.

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 1, 2021 5:16 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Michael McMillan <Michael.McMillan@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Subject:** Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

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Hi all,

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Brian please note that the attached draft says HEABC has been advised by the PHO that the timelines for the vaccination requirement for current staff have not changed.

Also note that we've used the links to BCCDC info regarding COVID vaccination for HCWs (provided by Eugene) in the template employer bulletin.

Please let me and Carmen know if you have any feedback on this. We'll also share the draft update to #309 shortly and we'll need to send both out tomorrow.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓íl̓w̓it̓ul̓h (Tseil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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## Residential Care Staff COVID-19 Preventive Measures PHO Order – September 2, 2021

---

From: Emerson, Brian P HLTH:EX  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Hrycuik, Lorie <Lorie.Hrycuik@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
Sent: September 2, 2021 11:13:27 AM PDT  
Attachments: Residential Care Staff Preventive Measures Order September 2 final.pdf  
Good morning.

Attached is the “Residential Care Staff COVID-19 Preventive Measures PHO Order”, to be posted on the PHO website today, which complements the “COVID-19 Vaccination Status Information and Preventive Measures Order” sent your way yesterday and is now posted.

This deals with three groups of staff – current staff, staff starting work after September 13 and staff starting work after October 11

The way this works is that, as general rule, current staff must be vaccinated before October 12.

For current staff who have had one dose vaccine, they must get the second dose before October 12, but can work on or after October 12 as long as they follow the preventive measures in Part B, until 7 days have passed after the second dose.

New staff starting between September 13 and October 12 cannot work until they have received one dose of vaccine, and they have to follow the preventive measures in Part B. To continue working they must get the second dose, but they must get their second dose no later than 35 days after their first dose, and they can continue working past October 11 as long as they follow the preventive measures in Part B, until after until 7 days have passed after the second dose.

Staff starting work after October 11 must be fully vaccinated.

Requests for reconsideration will be handled through our office.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## Residential Care Staff COVID-19 Preventive Measures PHO Order – September 2, 2021 for web posting

---

From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Ashley.Halicki@gov.bc.ca, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: September 2, 2021 11:21:34 AM PDT  
Attachments: Residential Care Staff Preventive Measures Order September 2 final.pdf

Good morning.

Please post the attached the “Residential Care Staff COVID-19 Preventive Measures PHO Order – September 2, 2021” today.

This is a new order, so nothing to move to the archives.

This complements the “COVID-19 Vaccination Status Information and Preventive Measures Order” sent your way yesterday.

This deals with three groups of staff who work in long term care, assisted living, stand-alone extended care, private hospitals, and provincial mental health facilities i.e. current staff, staff starting work after September 13 and staff starting work after October 11

The way this works is that, as general rule, current staff must be vaccinated before October 12.

For current staff who have had one dose vaccine, they must get the second dose before October 12, but can work on or after October 12 as long as they follow the preventive measures in Part B, until 7 days have passed after the second dose.

New staff starting between September 13 and October 12 cannot work until they have received one dose of vaccine, and they have to follow the preventive measures in Part B. To continue working they must get the second dose, but they must get their second dose no later than 35 days after their first dose, and they can continue working past October 11 as long as they follow the preventive measures in Part B, until after until 7 days have passed after the second dose.

Staff starting work after October 11 must be fully vaccinated.

Requests for reconsideration will be handled through our office.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **RE: Ambulance Paramedics concerns re Vaccination Status Information Order**

From: Emerson, Brian P HLTH:EX  
To: Lowe, Jordon HLTH:EX <Jordon.Lowe@gov.bc.ca>  
Cc: Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Rains, Derek HLTH:EX <Derek.Rains@gov.bc.ca>  
Sent: September 2, 2021 12:25:49 PM PDT

Hi Jordan.

We changed the order to clarify that applies only to non-urgent attendance at LTC and other residential facilities, and just published the revised order (COVID-19 Vaccination Status Information and Preventive Measures Order – August 31, 2021) to the PHO website yesterday (<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>).

Certainly open to including further clarification if that would be helpful.

I have a meeting with Derek today with a committee that includes EHS to discuss further.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Lowe, Jordon HLTH:EX <Jordon.Lowe@gov.bc.ca>  
**Sent:** August 30, 2021 4:31 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Subject:** Ambulance Paramedics concerns re Vaccination Status Information Order

Hi Dr. Emerson,

CUPE 873 (Ambulance Paramedics of BC) raised their concerns with Evan today that it appears that ambulance paramedics and all first responders are subject to the *COVID-19 Vaccination Status Information and Preventative Measures Order*. Our assumption was that they would not be subject to the order, given the irregular and emergency nature of their work.

Under definitions in the order, it states:

- “outside health care or personal care provider” means a physician, nurse, physiotherapist, occupational therapist, home support worker, practicum student providing health care or personal care, faculty member of a health care or personal care educational or training facility, emergency medical assistant, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;
- “regular” means being present at least once a month on an ongoing basis in either one or different facilities;

However, under section F. “Outside Health Care or Personal Care Providers”, the order does not make clear whether this section applies to “outside health care or personal care providers” or “regular outside health care or personal care providers,” with the exception of F.3., which states “An operator must not permit a regular outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.” There are no other instances of the word “regular” being used, so it appears the order is applying to all emergency medical assistants.

From the order:

“Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.
6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.”

There is no mention of the word “regular.” Using the definition of “outside health care or personal care provider”, this would mean that all emergency medical assistants (i.e., all first responders), including paramedics—and even fire fighters responding to a fire on site—would be required to provide proof of vaccination to be in the facility. In an emergency situation, this would prove logistically challenging.

Is this how it was meant to be understood? Mark A supports an amendment/revision if that is required.

Happy to discuss! Let me know.

Thanks so much

Jordon Lowe

A/Manager, Labour Operations and Policy

Labour and Agreements Branch | Health Sector Workforce & Beneficiary Services Division

Ministry of Health | W: 778-698-1274 C: 250-208-4867

3<sup>rd</sup> floor, 1515 Blanshard Street, Victoria, BC | PO Box 9649 Stn Prov Govt V8W 9P4

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## RE: LTC/AL Mandatory Vaccination Data Upload

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>  
Cc: Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Sent: September 2, 2021 1:39:35 PM PDT  
Hi Mark,

We met with Pam and the team at PHSA today and can provide the following update on the portal:

- 925 User access requests have been received to date (noting that some facilities have identified multiple users)
- As of August 28, 69 Users had been granted access to the Portal
- Over the course of this week, the team has sent out several mass emails to users experiencing access issues, providing direction to resolve these issues (e.g., obtain BCeID, login attempt required to trigger access)
- Following these efforts, 194 Users have now been granted access to the Portal
- This is expected to increase today as IMIT does another pass of those who requested access, but had not completed the critical step of attempting a login
- There are 93 facilities requesting support to bulk upload and IMIT confirms this functionality is being tested tomorrow and should be available by Monday
- 66 facility names submitted by users do not match the HSIAR facility list and SSB staff familiar with LTC/AL facilities are currently reviewing to reconcile.
- 

I would like to alert you to **one risk that has emerged**. We have been advised that the PHO Order has been updated and posted online and includes reference to the use of the **Enterprise Master Patient Index** (see text below) and indicates that operators can provide **either** the staff PHN or mailing address. PHSA has advised that while the use of the EMPI is possible, at the moment it is a complicated multi-step manual process, which will be resource intensive for our teams. Based on our discussion Tuesday with the group and then yesterday with HEABC, I was under the impression that we were not advertising the EMPI as an option at this time. Notwithstanding the amount of work that has gone into granting permissions thus far, there remains a large amount of users who do not have access and are eager to comply with the Order. My concern is that we now have an Order that give operators the option to provide either the PHN or simply the staff address, for which the latter will be easier for the both HAs and operators, but much more difficult and time consuming on our end. We already have HA reps reaching out to us noting the revised order and asking where to send their lists of staff names and addresses. Timelines will likely be jeopardized if we don't receive PHNs from the majority of operators, given the complexity of using the EMPI. As far as mitigation goes, I would offer the following as options:

- Connect with Brian re whether the order can quickly be revised to remove the reference to the EMPI or indicate it will only be used in extenuating circumstances where a PHN cannot be obtained
- Connect with Corrie to find out whether IMIT can be mobilized to quickly improve the process for using the EMPI
- Outreach from the project team to the HAs to indicate that the EMPI process is complicated and labour intensive and in order to meet the timelines we still require PHNs

A. collect the personal information of staff from employers and provide it to the Minister of Health, so that the Minister of Health may match it with information in the Enterprise Master Patient Index, in order to validate the personal health numbers of staff provided by employers, or to provide me with the personal health numbers of staff;

### EMPLOYERS

#### MUST:

1. Subject to section 4, provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to me, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information by September 8, 2021, at the data entry portal, or as directed by me:

a. the staff member's legal first and last names;

b. the staff member's birthdate;

c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.

Please let me know if you want to connect.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** September 2, 2021 7:48 AM

**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>

**Cc:** Barclay, Corrie A HLTH:EX <[Corrie.Barcly@gov.bc.ca](mailto:Corrie.Barcly@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Subject:** RE: LTC/AL Mandatory Vaccination Data Upload

That would be great, thank you.

M

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>

**Sent:** September 2, 2021 7:43 AM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>

**Cc:** Barclay, Corrie A HLTH:EX <[Corrie.Barcly@gov.bc.ca](mailto:Corrie.Barcly@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Subject:** RE: LTC/AL Mandatory Vaccination Data Upload

Hi Mark, we are meeting with the IMIT team later this morning for an update and I am happy to send you a status update after the meeting (likely around lunch) – will that do or do you need it sooner?

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** September 2, 2021 7:42 AM

**To:** Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>

**Cc:** Barclay, Corrie A HLTH:EX <[Corrie.Barcly@gov.bc.ca](mailto:Corrie.Barcly@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Subject:** LTC/AL Mandatory Vaccination Data Upload

Hi Everyone,

Apologies for the broad distribution list but has the issue(s) regarding the portal and data uploading of the templates identified by the Employer's been addressed? Just looking for a quick update on where things are at.

Thanks,

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 2, 2021 2:44 PM  
**To:** Fisher, Kiersten D HLTH:EX; Armitage, Mark W HLTH:EX; Howatson, Evan HLTH:EX; Johnson, Eugene HLTH:EX; Emerson, Brian P HLTH:EX  
**Cc:** Michael McMillan; Carmen Hamilton  
**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential  
**Attachments:** 2021 09 01 GIU 310 Update 1.0 re mandatory vaccination employee bulletin FINAL.DOCX

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

I've attached our final version of updated GIU #310, which now references the vaccination order issued today and provides a template bulletin for employers to distribute to staff reminding them of the deadlines for vaccination. Thanks Mark, Kiersten and Eugene for feedback, which we've incorporated (Mark's changes accepted and the two sentences Kiersten and Eugene commented about have been removed as they are no longer necessary and may have caused confusion as noted).

s.13

Mark, in the next 15 minutes I'll send you the final version of the BN to HAs about engagement and communications with unvaccinated staff, with a draft covering email.

Thanks,  
Matt

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Thursday, September 2, 2021 7:48 AM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Michael McMillan <Michael.McMillan@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

s.13

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 2, 2021 7:37 AM  
**To:** 'Matt Prescott' <MattP@heabc.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>

**Subject:** RE: Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

Thanks Matt, overall looks good from my end. Just a couple of minor edits for consideration. I'll leave it to others to wade in on what is the correct hyperlink you are looking for.

Thanks

Mark

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** September 1, 2021 5:16 PM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>;

Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>;

Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>

**Subject:** Draft GIU #310 (Update 1.0) - Employer Bulletin #2 - Privileged & Confidential

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi all,

Further to our call this morning, I've attached our draft update to GIU #310 which confirms that the timelines for current LTC & AL staff to be vaccinated have not changed, and provides a new bulletin for employers to send to all staff reminding them of the timelines for vaccination and also communicating the change to masking policy. We are working on updated to GIU #309 to address all changes in the amended PHO order issued today and we will send that our concurrently with the attached draft.

Brian please note that the attached draft says HEABC has been advised by the PHO that the timelines for the vaccination requirement for current staff have not changed.

Also note that we've used the links to BCCDC info regarding COVID vaccination for HCWs (provided by Eugene) in the template employer bulletin.

Please let me and Carmen know if you have any feedback on this. We'll also share the draft update to #309 shortly and we'll need to send both out tomorrow.

Thanks,  
Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the skwxwú7mesh (Squamish), selífwitlh (Tseil-Waututh), and xwməθ kwəy'əm (Musqueam) nations.

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Page 123 of 989 to/à Page 125 of 989

Withheld pursuant to/removed as

s.13 ; s.14

## LTC/AL Sector Call Friday - Agenda 2021 09 03\_annotated

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Twyford, Philip HLTH:EX <Philip.Twyford@gov.bc.ca>  
Cc: Castillo, Ailina R HLTH:EX <Ailina.Castillo@gov.bc.ca>, Marsh, Jania HLTH:EX <Jania.Marsh@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Mason, Miranda N HLTH:EX <Miranda.Mason@gov.bc.ca>, Barbero, Rachel HLTH:EX <Rachel.Barbero@gov.bc.ca>, Law, Kelvin HLTH:EX <Kelvin.Law@gov.bc.ca>  
Sent: September 2, 2021 3:13:00 PM PDT  
Attachments: Agenda 2021 09 03\_annotated.docx  
Good Afternoon,

Attached is a draft annotated agenda for tomorrow's sector call. Please note that the majority of the items put forward (or carried over from last week) relate to public health and funding. In summary, they are as follows (with lead names in brackets):

- PHO Orders related to vaccination
  - medical and religious accommodations (Mark)
  - portal challenges (Kiersten)
  - mandatory vaccination for acute (Brian/Mark)
- Gap in HCAP Funding for benefits (Mark/Miranda)
- Sept 30 stat holiday confirmation of scope and funding (Philip)
- Approach for private pay bed allocation under the \$70M (Philip)
- Third Dose for residents in LTC (Brian)
- Testing for admissions from acute to LTC (Brian)

Brian, are you able to join us tomorrow, 2-3? Going forward these meetings will be Wednesday mornings and we can add you to the invite for attendance as your schedule permits.

Thanks,  
Kiersten

**Kiersten Fisher** (she/her)  
Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples  
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**Long-Term Care/Assisted Living Sector Call – INTERNAL MOH DOCUMENT**

**September 3, 2021**

**2:00 – 3:00pm**

**Attendees:**

Jo-Ann Tait (VCHA)  
Mark Armitage (MOH)  
Philip Twyford (MOH)  
Kiersten Fisher (MOH)  
Evan Howatson (MOH)  
Miranda Mason (MOH)  
Rachel Barbero (MOH)

Vanda Urban (IHA)  
Suzanne Fox (FHA)  
Aaron Bond (NHA)  
Timothy Orr (VIHA)

Terry Lake (BC Care Providers Association)  
Mike Klassen (BC Care Providers Association)  
Lee Coonfer (BC Seniors Living Association)  
Bob Breen (Denominational Health)  
Simon Neill (Denominational Health Assoc.)  
Saleema Dhalla (SafeCare BC)

**Guests:**

Brian Emerson (PHO)

**Regrets:**

Teri Collins (MOH)

Michael Schwandt (PHO)

Ross Hayward (MOH)

AGENDA ITEM	DISCUSSION	ADM updates/information
<b>1. Update from last week's Action Items</b>	<ol style="list-style-type: none"> <li>1. <i>MOH to update IPC Guidance and Masking Policy to reflect 'fully immunized is SEVEN days post-second dose'</i></li> <li>2. <i>MOH to provide clarity on the affect of the September 30 Statutory Holiday (e.g. who is included, how will it be funded?)</i></li> <li>3. <i>MOH to provide advice about kit expiration dates.</i></li> <li>4. <i>MOH to share details on how to register out-of-province staff without a PHN.</i></li> <li>5. <i>PHO to provide clarity on the testing of acute patients before entering LTC.</i></li> </ol>	<ol style="list-style-type: none"> <li>1. IPC Guidance and Masking Policy updated and distributed August 31, 2021.</li> <li>2. Philip Twyford to clarify during Sept 3 meeting.</li> <li>3. Q&amp;As distributed on Sept 1. Point of Care Testing addressed.</li> <li>4. Information on registering out-of-province staff to be added to Q&amp;A doc and distributed August 30, 2021.</li> <li>5. Brian Emerson to provide clarity.</li> </ol>

AGENDA ITEM	DISCUSSION	ADM updates/information
	<p>6. <i>MOH to provide clarity on the provincial minimal supply of PPE and respirators – Kiersten to take away to PPE colleagues.</i></p> <p>7. <i>MOH to provide information for flu vaccines.</i></p> <p>8. <i>MOH to provide clarity on the breakdown of the \$70M (e.g. If there are 35% private pay beds, do we then remove the 5% so the 30% are covered? The percentages change over the year – when is the period for the ratio?).</i></p> <p>9. <i>MOH to change the meeting series to a WEEKLY meeting.</i></p> <p>10. <i>PHO to provide information on any provincial approach on the third dose for high risk settings such as LTC.</i></p>	<p>6. PPE question pending response</p> <p>7. Brian Sagar provided bullets: <ul style="list-style-type: none"> <li>• BCCDC will be receiving influenza vaccine doses starting in mid-to-late September. At this time, there are no delays in the vaccine shipments to BC.</li> <li>• In keeping with regular process, health authorities will be prioritizing influenza immunizations for high priority populations, including seniors in LTC/AL settings and health care workers. Those immunizations will happen before the wider launch of the public flu immunization campaign.</li> <li>• There will be a high dose influenza vaccine program again this year for BC seniors living in LTC and AL settings. BCCDC is receiving and managing the distribution of those doses in partnership with regional health authorities.</li> </ul> </p> <p>8. Philip Twyford to clarify during Sept 3 meeting.</p> <p>9. Complete.</p> <p>10. Brian Emerson to address during Sept 3 meeting.</p>
<p><b>PHO Order related to vaccination</b></p>	<p>Mark and Kiersten to provide an update and allow for questions.</p> <p>Related questions from Sector:</p> <ul style="list-style-type: none"> <li>- Exemptions for vaccination policy – medical/religious</li> <li>- Update on Portal for PHN upload</li> </ul>	

AGENDA ITEM	DISCUSSION	ADM updates/information
	<ul style="list-style-type: none"> <li>- Mandatory vaccination in acute – new hires should start immediately</li> </ul>	
<b>Funding</b>	<p>Questions from Sector:</p> <ul style="list-style-type: none"> <li>• Gap in HCAP funding (benefits)</li> <li>• Funding for private beds</li> <li>• Sept 30 National Day for Truth and Reconciliation Statutory Holiday</li> </ul>	

## EHS and new orders

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From: Emerson, Brian P HLTH:EX  
To: Reka Gustafson <reka.gustafson@phsa.ca>  
Sent: September 3, 2021 12:41:59 PM PDT  
Attachments: Residential Care Staff Preventive Measures Order September 2 final.pdf, Vaccination Status Information Order August 31 final.pdf

Hi Reka

Here are the two orders.

Emergency medical assistants are only mentioned in the Vaccination Information Status order i.e.

**“outside health care or personal care provider”** means a physician, nurse, physiotherapist, occupational therapist, home support worker, practicum student providing health care or personal care, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

I will be connecting with Neil Lily wrt patient transport workers.

Hope this is what you were looking for.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

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

### ***RESIDENTIAL CARE STAFF COVID-19 PREVENTIVE MEASURES – SEPTEMBER 2, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES, INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**

#### **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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical conditions;

- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- F. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- G. The vaccination of all staff is the best means of protecting residents from infection, severe illness and possible death;
- H. I recognize the effect which the measures I am putting in place to protect the health of the residents of facilities 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 to residents of facilities created by the presence of unvaccinated persons in facilities;
- I. 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 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;
- J. 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 residents and staff in facilities;
- K. I have reason to believe and do believe that
- (i) the presence of an unvaccinated staff member constitutes a health hazard under the *Public Health Act*;
  - (ii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated staff in facilities, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:



**EFFECTIVE OCTOBER 12, 2021,**

**THIS ORDER REPEALS AND REPLACES THE PROVISIONS IN PART E [PREVENTIVE MEASURES APPLICABLE TO STAFF] OF THE COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER MADE AUGUST 31, 2021, AND CONFIRMS THE OTHER PARTS OF THE ORDER**

**DEFINITIONS:**

**In this Order**

**“employer”** means a person who employs a staff member;

**“facility”** means a long term care facility, a private hospital, a stand- alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

**“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;

**“new staff member”** means a person hired after October 11, 2021 to work in a facility;

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, or a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“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-designated-mental-health-act.pdf>, unless otherwise stated.

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract;

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

**“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.

**A. STAFF MEMBERS HIRED BEFORE OCTOBER 12, 2021**

1. An unvaccinated staff member hired after September 13, 2021 and before October 12, 2021, must not work in a facility, or accompany a resident away from a facility, until the staff member has received one dose of vaccine.
2. An operator and an employer must not permit an unvaccinated staff member hired after September 13, 2021 and before October 12, 2021, to work in a facility, or to accompany a resident away from a facility, unless the staff member has received one dose of vaccine.
3. Subject to sections 4 and 5, as of October 12, 2021, a staff member hired before October 12, 2021, must be vaccinated to work in a facility, or accompany a resident away from a facility.
4. Despite section 3, an unvaccinated staff member who received two doses of vaccine before October 12, 2021, and complies with the preventive measures in Part B, may work in a facility, or accompany a resident away from a facility, after October 11, 2021.
5. An operator and an employer must not permit an unvaccinated staff member who received two doses of vaccine before October 12, 2021, to work in a facility, or accompany a resident away from a facility, after October 11, 2021, unless the staff member complies with the preventive measures in Part B.
6. Subject to section 7, and despite section 3, and an unvaccinated staff member hired after September 13, 2021 and before October 12, 2021, who received one dose of vaccine before October 12, 2021, and who complies with the preventive measures in Part B, may work in a facility, or accompany a resident away from a facility, after October 11, 2021.
7. Despite section 6, an unvaccinated staff member hired after September 13, 2021 and before October 12, 2021, who received one dose of vaccine before October 12, 2021, must not continue to work in a facility, or accompany a resident away from a facility, more than 35 days after receiving the first dose of vaccine, if the staff member has not received a second dose of vaccine during that 35 day period
8. An operator and an employer must not permit an unvaccinated staff member hired after September 13, 2021 and before October 12, 2021, who received one dose of vaccine before October 12, 2021, to continue to work in a facility, or accompany a resident away from a facility, more than 35 days after receiving the first dose of vaccine, if the staff member has not received a second dose of vaccine during that 35 day period.

**B. PREVENTIVE MEASURES APPLICABLE TO UNVACCINATED STAFF MEMBERS HIRED BEFORE OCTOBER 12, 2021**

1. Until seven days have passed after receipt of the second dose of vaccine, an unvaccinated staff member must
  - a. wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility, except when consuming food or a beverage,

- b. be tested for COVID-19 by means of a rapid test at a facility at every shift.
2. If a rapid test result is positive, an unvaccinated staff member must
    - a. notify the operator and employer, if not the operator, of the test result,
    - b. leave the facility as soon as it is operationally safe to do so,
    - c. arrange to have a PCR test as soon as possible,
    - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
    - e. not return to the facility, unless
      - i. the result of the PCR test is negative, or,
      - ii. if the PCR test result is positive,
        - A. 10 days have passed from the time of the positive rapid test result, or
        - B. the staff member's return has been approved by the medical health officer.
  3. The operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility.
  4. The operator must make provision for the rapid testing of staff for COVID-19 in a facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 1.
  5. The operator and the employer, if not the operator, must require an unvaccinated staff member, who tests positive after a rapid test, to leave the facility immediately it is operationally safe to do so.
  6. An unvaccinated staff member who is not in compliance with sections 1 and 2, must not be in a facility, and must not accompany a resident away from a facility.
  7. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result, after receiving a positive test result from a rapid test, must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return is approved by the medical health officer.
  8. An operator and employer, if not the operator, must not permit an unvaccinated staff member, who is not in compliance with sections 1 and 2, to be in a facility, or to accompany a resident away from a facility.
  9. An operator and employer, who is not an operator, must not permit an unvaccinated staff member, who tests positive on a rapid test, to return to a facility, until the staff member provides

a negative PCR test result, 10 days have passed from the time of the positive rapid test result, or an earlier return is approved by the medical health officer.

**C. PREVENTIVE MEASURES APPLICABLE TO NEW STAFF [hired after October 11, 2021]**

1. A new staff member must be vaccinated to work in a facility, or to accompany a resident away from a facility.
2. An unvaccinated new staff member must not work in a facility, or accompany a resident away from a facility.
3. An operator must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.
4. An employer must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.

**D. 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 WITH RESPECT TO THIS ORDER**

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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to the facility.

**E. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

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 under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line “Request for Reconsideration about Preventive Measures in Facilities”.

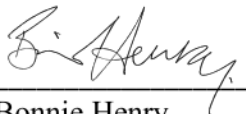
A request for reconsideration of any aspect of this Order on the basis of a medical contraindication made by a person to whom the Order applies must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person’s health record relevant to this statement.

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  
 s.15; s.19  
 PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
 Fax: (250) 952-1570  
 Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 2<sup>nd</sup> day of September 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**

**1 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;

**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.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **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*];

## RE: URGETN: Portal for Health Authority employee data

---

From: MacDonald, Aaron HLTH:EX <Aaron.MacDonald@gov.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>  
Sent: September 7, 2021 3:28:53 PM PDT

Hi Brian

Just received and update that Sandra (CC'd) has been helping with this issue from the portal side.

Sandra – if there's anything I can do to assist please don't hesitate to ask. Happy to circulate any messaging to my health authority network of privacy and security leads.

All the best,  
Aaron

Aaron MacDonald | Director, Health Sector Relations  
Mobile: 1 (778) 676-7359 | Office: 1 (778) 974-2686

---

**From:** MacDonald, Aaron HLTH:EX  
**Sent:** September 7, 2021 3:07 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Subject:** URGETN: Portal for Health Authority employee data

Hi Brian

I wanted to let you know asap that there's an issue with the portal that is being used to collect the HA employee info.

As you know, last week the order was re-issued to make PHN a discretionary field (e.g., HA's could just send the employee name and DoB), but the portal still requires PHN before HA's can submit the data.

So, we may need some quick work to recode the portal so that it aligns with the updated order.

I'm just waiting on word from Island Health as to whether anyone else from MoH has been notified of the issue, I will update you as soon as I hear back.

If there's anything I can do to help resolve the issue, please don't hesitate to ask.

All the best,  
Aaron

Aaron MacDonald | Director, Health Sector Relations  
Health Information Privacy, Security and Legislation Branch  
Health Sector IM/IT, Ministry of Health  
PO Box 9636 STN PROV GOVT, Victoria BC V8W 9P1  
Mobile: 1 (778) 676-7359 | Office: 1 (778) 974-2686

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Withheld pursuant to/removed as

s.13 ; s.14

Page 146 of 989

Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

Page 147 of 989

Withheld pursuant to/removed as

s.13 ; s.14

Page 148 of 989

Withheld pursuant to/removed as

s.13 ; s.14 ; s.17



## COVID-19 Vaccination Status Information and Preventative Measures Order - Updated User Guide, Bulk Uploading

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Fox, Suzanne [FH] <suzanne.fox@fraserhealth.ca>, Tait, JoAnn [VCH] <joann.tait@vch.ca>, Davidson, Monique [VCH] <Monique.Davidson@vch.ca>, Mak, Heather [VCH] <heather.mak2@vch.ca>, Urban, Vanda <Vanda.Urban@interiorhealth.ca>, Marlatt, Becky <Becky.Marlatt@interiorhealth.ca>, Bond, Aaron [NHA] <Aaron.Bond@northernhealth.ca>, timothy.orr@viha.ca, tlake@bccare.ca, mklassen@bccare.ca, Bob Breen <bob.breen@denominationalhealth.ca>, sneill@broadwaygroup.ca, lee@bcsla.ca, saleema@safecarebc.ca, Lynn.Pelletier@phsa.ca, Vezza, Carmela <Carmela.Vezza@viha.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>, Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hopkins, Shannon [VC] <Shannon.Hopkins@vch.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>  
Sent: September 7, 2021 7:37:24 PM PDT  
Attachments: Vaccine Reporting Portal User Guide v1-3 MOH.pdf  
Good Evening,

As you are aware, the revised COVID-19 Vaccination Status Information and Preventative Measures Order was released on September 2 by Dr. Henry. The revised status information order confirms the extended timelines noted in my email of August 31. This order, and all the Provincial Health Officer orders, is posted at: <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>. We recognize and appreciate that operators are making best efforts to meet the deadlines outlined in the order. Staff in the Ministry are working through all inquiries coming to the generic inbox, but the volume is high, so wherever possible we are identifying themes (e.g., BCeID missing, user access error), and sending our mass emails to users to trouble shoot common issues. This has resulted in more than double the amount of users being granted access at the end of last week. We continue to monitor this inbox and follow-up on inquiries.

I am pleased to let you know that recent upgrades to the reporting portal have enabled batch uploading by operators and health authorities. This feature allows one user to upload data for multiple facilities. **Please note a separate spreadsheet is required for each facility.** An updated Portal User Guide which details this process is attached, including trouble shooting for common issues, based on testing that occurred over the long weekend.

Thank you again as always for your patience as we navigate the implementation of this challenging work.

### **Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX

**Sent:** August 31, 2021 2:01 PM

**To:** 'Fox, Suzanne [FH]' <suzanne.fox@fraserhealth.ca>; Tait, JoAnn [VCH] <joann.tait@vch.ca>; 'Davidson, Monique [VCH]' <Monique.Davidson@vch.ca>; Mak, Heather [VCH] <heather.mak2@vch.ca>; Urban, Vanda <Vanda.Urban@interiorhealth.ca>; 'Marlatt, Becky' <Becky.Marlatt@interiorhealth.ca>; 'Bond, Aaron [NHA]' <Aaron.Bond@northernhealth.ca>; XT:Dunn, Tracee EHS:IN <Tracee.Dunn@northernhealth.ca>; 'timothy.orr@viha.ca' <timothy.orr@viha.ca>; 'tlake@bccare.ca' <tlake@bccare.ca>; 'mklassen@bccare.ca' <mklassen@bccare.ca>; 'Bob Breen' <bob.breen@denominationalhealth.ca>; 'sneill@broadwaygroup.ca' <sneill@broadwaygroup.ca>; 'lee@bcsla.ca' <lee@bcsla.ca>; 'saleema@safecarebc.ca' <saleema@safecarebc.ca>; 'Lynn.Pelletier@phsa.ca' <Lynn.Pelletier@phsa.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fellingner, Nicole HLTH:EX <Nicole.Fellinger@gov.bc.ca>; 'Hopkins, Shannon [VC]' <Shannon.Hopkins@vch.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Subject:** COVID-19 Vaccination Status Information and Preventative Measures Order - Updated Timeline and Q&A

**Importance:** High

Good afternoon,

Further to my note from Tuesday, August 24, I am pleased to now provide additional materials and information related to the implementation of the [COVID-19 Vaccination Status Information and Preventative Measures Order](#) for you to share with facility operators.

First, I would like to thank you all for your patience and understanding as we work through the complexity of implementing this important Order. We recognize the challenges with accessing the reporting portal and submitting the required data, and to that end, I am happy to advise of an amendment to the timelines. **The deadline for the initial submission of resident and staff data to the reporting portal will be extended to September 8, with implementation of rapid testing to begin as of September 13.** These revised timelines will be articulated in an amendment to the Order, due to be released shortly.

The amended Order will also reflect:

- Clarification on the requirement for ongoing uploading of data to the portal
- The recent shift in the definition of fully immunized/vaccinated to 7 days post second dose
- Alignment of the precautions for all staff with the revised *Mask Use in Health Care Facilities* policy that was posted today (<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control>).

In the meantime, attached please find a Question and Answer document that provides further information on the Order (including amendments to be released shortly), use of the reporting portal, rapid testing and other topics. As mentioned previously, this Q&A is intended for use by operators and others involved in the implementation, and is not intended to be a public document. I will also note that it is an evolving document, and will be updated and redistributed as more information is made available.

- Question and Answer: COVID-19 Vaccination Status Information and Preventative Measures Order  
<< File: QA\_COVID19VaccStatusInfoPreventMeasures AUG 31 MASTER.pdf >>

Also attached are information packages for long-term care, seniors' assisted living and in-scope mental health facilities to support the rollout of rapid point-of-care testing as required under the Order. The information packages include information on how to order test kits, report positives, complete the aggregate test kit usage reporting, where to get support, and more. These information packages are delineated by facility type (one package each for health authority owned/operated facilities, for private facilities that are contracted by the health authority, and for fully private facilities).

- Ministry Overview - Rapid Testing Information Sheet  
<< File: Rapid Point of Care Testing Information Aug 20\_2021.docx >>
  - Key Information: Health Authority Owned and Operated Sites  
<< File: Key Information\_HAOwnedOperated\_LTC\_AL\_MH\_Aug24.docx >>
  - Key Information: Contracted Long-Term Care and Assisted Living Sites  
<< File: Key Information\_Contracted\_LTC\_AL\_Aug20.docx >>
  - Key Information: Fully Private Long-Term Care and Assisted Living Sites  
<< File: Key Information\_FullyPrivate\_LTC\_AL\_Aug20.docx >>

**We ask that you please share the Q&A and appropriate testing information (based on the facility type) with each facility in your Health Authority/each member of your Organization.**

Thank you again for your patience as we work through the implementation of the Order, and for your continued support of residents and staff in the sector.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
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**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>

**Sent:** August 24, 2021 4:52 PM

**Subject:** COVID-19 Vaccination Status Information and Preventative Measures Order

**Importance:** High

Good Afternoon,

Thanks to those of you who were able to join us for the Webinar session on use of the [COVID-19 Vaccination Status Information and Preventative Measures Order reporting portal](#).

As discussed at the Webinar, attached please find:

1. BC Vaccine Reporting Portal Cover Page
2. Vaccine Reporting Portal User Guide
3. Vaccine Reporting Portal – Approved User Access List (Spreadsheet)
4. Vaccinations Reporting Data (Spreadsheet)

We ask that you share this information with facility operators as soon as possible. As discussed at the Webinar, the Order indicates that initial data submissions to the Portal are to be made by September 1<sup>st</sup>.

As a reminder, under the Order, operators are required to collect name, birthdate and personal health number for:

- Residents
- Staff providing direct care: RNs, LPNs, HCAs
- Staff providing support services: food services, housekeeping, maintenance

As noted earlier, a question and answer document is being prepared, and will be shared with you as soon as possible. We anticipate this will be an evolving document that will be updated as we work through the implementation process. Information will also be shared on logistics for rapid point of care testing that will be required for unvaccinated staff, beginning September 8<sup>th</sup>.

Thank you for your patience and continued support of residents and staff in the sector.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

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# Vaccine Reporting Portal

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User Guide  
V1.3

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# Request Initial Access and Login

---

## Identifying Users

To ensure the portal is only accessed by appropriate, designated staff within each facility, a list of required users will be collected by the facility Operator. Operators are responsible for identifying primary and secondary users to ensure only appropriate, approved users gain access to the system as it contains private and confidential information on both staff and residents. Operators are expected to select individuals who would already have access to this type of information as part of the regular scope of their role.

For all others that will require information from the portal to support operational activities (e.g. scheduling, conducting rapid testing, etc.), an extract can be completed to enable sharing of necessary information while maintaining confidentiality. A spreadsheet will be shared with Operators outlining key information needed for users requiring access and this information will be used to validate each request received through the portal prior to access being granted.

## Requesting Access

Before you can login, your facility must be granted permission to access the Vaccine Reporting Portal. Please follow the same process as **Login** (below), your initial login attempt will be queued for review and permission will be granted by one of our team members. Reviews should be completed within 24 hrs.

# Login

1. Go to the login page located at: <https://ltcemployers.gov.bc.ca/login>

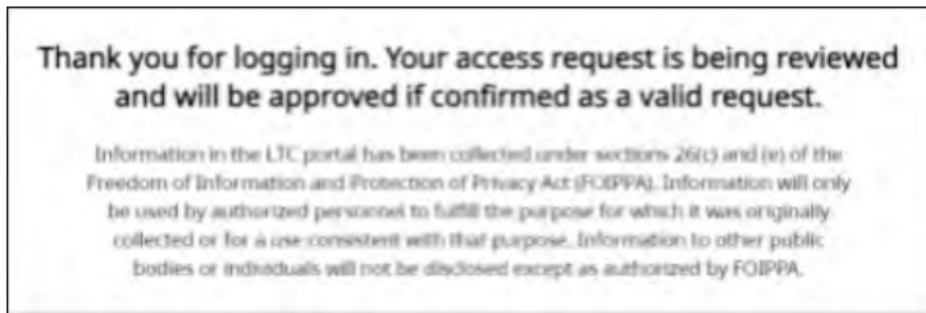


2. Click **Continue** to login into the portal.
3. Enter either your BCeID, Health Authority ID, or IDIR **username/email** and **password**.
  - a. If you do not have a BCeID, you can create this electronic user ID and password by visiting [www.bceid.ca](http://www.bceid.ca) and following the instructions for a **basic BCeID**.





4. If you already have the access to facilities, you will be directed to the landing page or else the system will show you a message that your access request is being reviewed. Once approved by the MoH, you will be able to login the Vaccine Reporting app.



5. After your access has been approved, you will be directed to the landing page of the Vaccine Reporting app.

## Workplace Report Overview

---

1. Upon login, you will be directed to the Workplace Report view. This view displays information about the COVID vaccination status of the people (Resident and Staff which is further divided into Admin, Direct Care and Support Services) within your facility.
2. Each row of data contains the following:
  - a. **Name:** Legal Name of the person
  - b. **Person Type:** Type/Role of the person in the facility. Available options are Resident, Staff/Admin, Staff/Direct Care/RN, Staff/Direct Care/LPN, Staff/Direct Care/HCA, Staff/Direct Care/Other, Staff/Support Services/Food Services, Staff/Support Services/Housekeeping and Staff/Support Services/Maintenance.
  - c. **DOB:** Date of birth
  - d. **PHN:** Personal Health Number
  - e. **1st Dose:** Indication if the person has had one dose of a COVID-19 vaccine.

- f. **2nd Dose:** Indication if the person has had a second dose of a COVID-19 vaccine.

Name	Person Type	DOB	PHN	1st Dose	2nd Dose
A-Silas Silas	Staff / Support Services / Housekeeping	1988-03-09	*** **** 849	✓	✓
A-Adam Adam	Staff / Direct Care / LPN	1988-03-09	*** **** 022	✓	✓

- The Workplace Report view displays the information of 10 people at a time and can be scrolled by using forward or backward buttons.
- The numbers at the bottom of the page display the number of records present in the system.

A-Ryder Ryder	Staff / Direct Care / RN	1988-03-09	*** **** 126	✓	✓
---------------	--------------------------	------------	--------------	---	---

[Download Excel Template](#)
[Add Record](#)
[Upload](#)

1 - 10 of 58 [»»](#) [Jump to Page](#)

- By default, the system will display all the facilities assigned to you. You can filter the facility by clicking the dropdown or selecting the site.

**Select a site**

All Facilities ▼

---

All Facilities

Aberdeen Hospital

Acropolis Manor

Glenmore Lodge

Rotary Manor

- By default, the system will display **all** people within the facility.
- Users can filter the data based on the Person Type.

Workplace Report
All Person Types
Resident
Staff / Admin
Staff / Direct Care / RN
Staff / Direct Care / LPN
Staff / Direct Care / HCA
Staff / Direct Care / Other
Staff / Support Services / Food Services
Staff / Support Services / Housekeeping
Staff / Support Services / Maintenance

*Note: Since the system will be empty initially after release, users can use bulk upload(described below) to populate the system. Going forward, users can choose to do additional bulk uploads or add new records individually, depending on the volume of additions and preference of the user. For instructions on how to add individual records, see the **Add A Record** section below.*

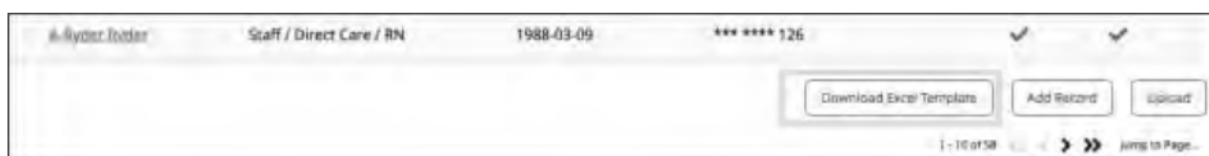
# Bulk Upload

Facilities can upload bulk data into the system using the **Upload** feature. This allows users to upload multiple records in a batch.

*Note: It is expected that this will be the primary mode of data entry for the initial submissions, following which users will be able to determine whether they wish to do further bulk uploads or add new users on an individual basis.*

The steps below should be followed to use bulk upload:

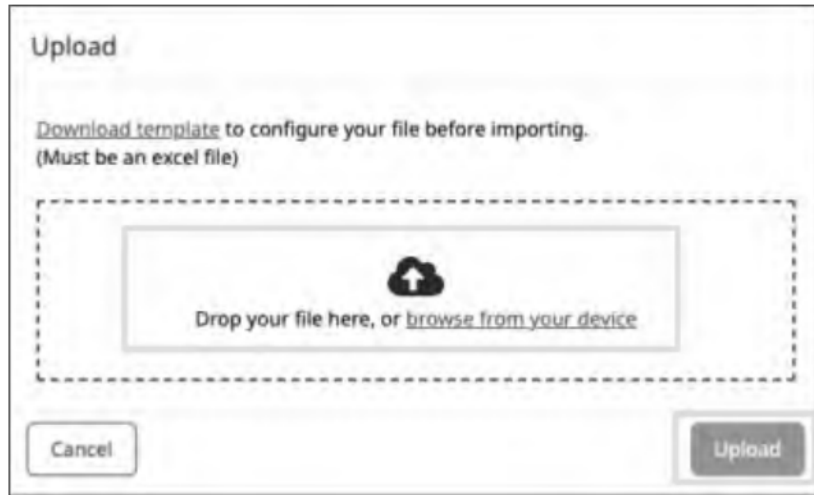
1. Click **Download Excel template** to download an excel document in which you can enter the data the people within the facility.



2. Open the excel file using Microsoft Excel or similar software
3. Enter the data in the following format:
  - a. *Legal First Name*: Alpha-Numeric (Required)
  - b. *Last Name*: Alpha-Numeric (Required)
  - c. *Date of Birth*: YYYY-MM-DD (Required)
  - d. *PHN*: 9XXXXXXXXX (Required)
  - e. *Person Type*: Resident, Staff/Admin, Staff/Direct Care/RN, Staff/Direct Care/LPN, Staff/Direct Care/HCA, Staff/Direct Care/Other, Staff/Support Services/ Food Services, Staff/Support Services/Housekeeping and Staff/Support Services/Maintenance. (Required)

First Name	Last Name	Date of Birth	PHN	Person Type
Noah	Williams	1967-07-28	9XXXXXXXXX	Resident

4. Once all the data is filled, save the file in .xlsx format on your computer.
5. If you manage multiple facilities, select the correct facility from the **Select a Site** dropdown at the top of the Workplace Report view
6. Click **Upload**, choose the .xlsx file, and click **Upload**.



7. If the data in the excel file is in the correct format, you will receive a success message with the number of new records added and updated records.
8. Click **Confirm** to finish the upload.



9. The system will show a confirmation message with the total number of records uploaded along with the number of new records and number of updated records. Click **Finish** to complete the upload.
10. The recently uploaded data will be displayed at the top of the Workplace Report.

Name	Person Type	DOB	PHN	1st Dose	2nd Dose
Blair Williams	Resident	1967-07-23	*** **** 125	✓	✓

11. Click **Cancel** to cancel the upload.

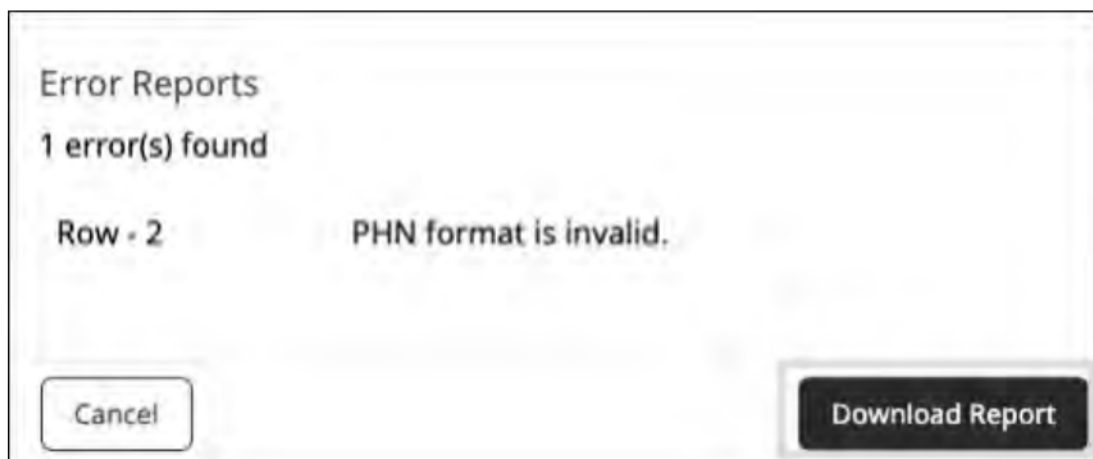
## Bulk Upload - Error

You may receive an error message if the data in the excel file is not in the correct format. Follow the steps below to resolve any **errors** you encounter while uploading data:

1. Click **Review** to see the list of errors.



2. Click **Download Report** to download the error report.



3. Open the error report and check the number of rows where the error occurred and the reason.

row	error
2	PHN format is invalid.

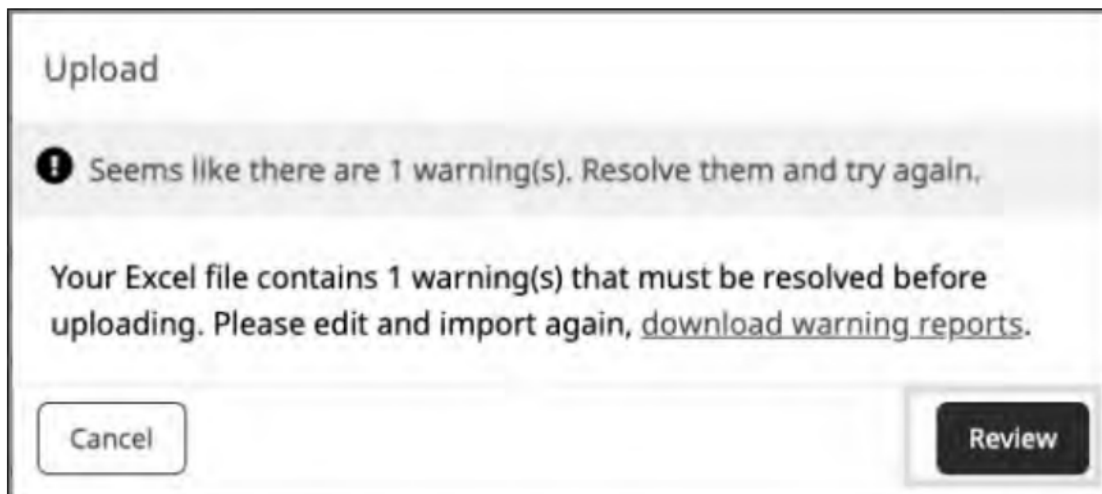
4. Resolve the errors in the previously uploaded file.
5. Click **Upload** and re-upload the edited file.
6. Click **Confirm** to finish the upload.
7. Click **Cancel** to cancel the upload.

*Note: Please refer to the [Contact Us](#) section if getting issues in resolving the errors.*

## Bulk Upload - Warning

You may receive warning messages while uploading the data, for example, where the details of the record already exist in the system and you are overwriting data. You should acknowledge all the changes before continuing as it will update the records in the database. Follow the steps below to resolve any **warnings** you encounter while uploading data:

1. Click Review to review the warnings.



2. Click Review to see the warning list. In the below screenshot, the Person Type has been changed from Staff to Resident.

**Warning List**

- These records seem to be duplicates. By acknowledging them, we will override the old records with the new ones. To edit: [download the warning list](#) and upload again.

Name	PHN	Warning Details
Noah Williams	9878019135	type: resident
row 2 Noah Williams	9878019135	type: staff:admin

- To approve the changes, click **Acknowledge, Continue**.
- To resolve the warnings, click **download the warning list** to download the warning in excel format and resolve the conflicts.
- Once done, click **Upload** to upload the edited file.
- Click **Confirm** to finish the upload.
- Click **Cancel** to cancel the upload.

*Note: Please refer to the [Contact Us](#) section if getting issues in resolving the warnings.*

## Immunization Record Errors

If the system is successful in matching the patient but the vaccination status does not appear correct, the individual in question (i.e. staff or resident) will need to personally submit a request (or a family member on their behalf in some resident cases) to have it corrected in the provincial system.

To do so they should visit: <https://www.immunizationrecord.gov.bc.ca>



# Add A Record

---

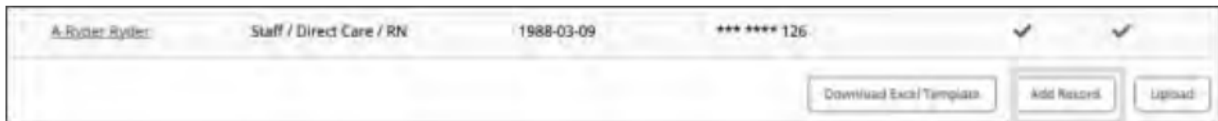
You can add records one at a time using the **Add Record** button. This feature enables you to fill in data in real-time. Follow the steps below to add individual records:

1. Select a facility where you want to add a record from the list of **Select a Site**.



The image shows a web interface element. At the top, there is a dropdown menu labeled "Select a site" with "Aberdeen Hospital" selected. Below the dropdown, the text "Workplace Report" is displayed in a large, bold font.

2. Click the **Add Record** button.



The image shows a header section of a data entry form. It contains several fields: "A. Byler Rylee", "Staff / Direct Care / RN", "1988-03-09", and "\*\*\* \*\*\*\* 126". There are two checkmarks to the right of the ID field. Below these fields are three buttons: "Download Excel Template", "Add Record", and "Logout".

3. Enter the following details in the popup form (*below*), then click **Add**.
  - a. *Legal First Name*: Alpha-Numeric (Required)
  - b. *Last Name*: Alpha-Numeric (Required)
  - c. *Date of Birth*: YYYY-MM-DD (Required)
  - d. *PHN*: 9XXXXXXXXX (Required)
  - e. *Person Type*: Resident, Staff/Admin, Staff/Direct Care/RN, Staff/Direct Care/LPN, Staff/Direct Care/HCA, Staff/Direct Care/Other, Staff/Support Services/ Food Services, Staff/Support Services/Housekeeping and Staff/Support Services/Maintenance.(Required)

### Add Record

First Name

Last Name

Date of Birth

yyyymmdd

Personal Health Number (PHN)

Person Type

▼

Cancel

Add

4. Click **Cancel** to cancel saving the record.

## Update/Archive Record

---

Once the records have been added in the system, it will be verified against the PIR data to fetch the dates on which vaccine was administered. The data will be verified against the PHN i.e. the system will match if the name and DOB belongs to the PHN. After adding a record by *Add Record* or *Bulk Upload*, the user will see a progress tool-tip that shows the data has been validated.

Pending	Name	Person Type	DOB	PHN	1st Dose	2nd Dose
	B. JACOB. JAKSON	Staff / Direct Care / LPN	2001-12-12	*** ** 733	-	-

After validation is done, you will receive the status of 1st and 2nd dose in case data matches with PIR or you will receive an invalid message in case there is some discrepancy in the data.

Invalid	Name	Person Type	DOB	PHN	1st Dose	2nd Dose
	B. JACOB. JAKSON	Staff / Direct Care / LPN	2001-12-12	*** ** 733	-	-

You can then edit the existing record to update the invalid data.

Records can be archived when they are no longer needed in the database for example, in an event of death, moving a person from one facility to another, etc.

Follow the steps below to update/archive the records:

1. Click on the name of the person.

Name	Person Type	DOB	PHN	1st Dose	2nd Dose
A-Jaxson Jaxson	Staff / Direct Care / LPN	2001-12-12	*** ** 733		

2. The form below will pop up. It will have all the data pre-filled in edit mode along with the error message. Modify the data and click **Save** to save the changes.

### Edit Record

**Invalid birthdate**

First Name: A-Jaxson      Last Name: Jaxson

Date of Birth: 2001-12-12      Personal Health Number (PHN): \*\*\* \*\* 733

Person Type: Staff / Direct Care / LPN

3. Saved changes will be reflected on the Workplace Report along with the vaccination status.

Name	Person Type	DOB	PHN	1st Dose	2nd Dose
A-Jaxson Jaxson	Staff / Direct Care / LPN	2001-12-11	*** ** 733	✓	✓

4. Click **Cancel** to cancel the update
5. To remove the record, click **Archive**.

**Edit Record**

First Name: **Noah** | Last Name: **Williams**

Date of Birth: **1967-07-23** | Personal Health Number (PHN): **\*\*\* \*\* 135**

Person Type: **Staff / Direct Care / RN**

Buttons: **Cancel** | **Archive** | **Save**

6. Click **Confirm** to confirm the archive.

**Archive Record**

Are you sure you want to archive the record?  
 The record will no longer be shown on the table, you won't be able to undo this step.

Buttons: **Cancel** | **Confirm**

**Record Archived**

Button: **Finish**

*Please Note: Once confirmed, you cannot undo the step. In case of accidentally deleting a record, refer to the [Contact Us](#) section.*

# Contact Us

---

In case facing any issues with following, please contact [VaccPortalSupport@gov.bc.ca](mailto:VaccPortalSupport@gov.bc.ca)

- Resolving errors during bulk upload
- Resolving warnings during bulk upload
- Accidentally removing a record from the database
- Any other application related issue

# Enhanced Features for the Ministry of Health

---

## Filter Records

As a member of The Ministry of Health, you will have permission to view the data uploaded by **all facilities** from the Workplace Report view. If you wish to see data belonging to a single facility, you can select the facility name from the drop-down and the data will be filtered as per the selected facility.



You can further filter the records based on the Person type.

Both filters work independently from each other.



## Export Records

---

As a member of The Ministry of Health you will have permission to export all the records, or filter the data then export your segmented data after applying the filter.

To export, click Export and data will be downloaded in excel format.



The exported records will have the following data:

- *Id*
- *Legal First Name*
- *Last Name*
- *Date of Birth*
- *PHN*
- *Person Type*
- *1st Dose*
- *1st Dose Date*
- *2nd Dose*
- *2nd Dose Date*
- *Single Dose Shot*
- *Facility Id*
- *Facility Name*
- *Facility Type*
- *HA Name*
- *HSDA Name*
- *LHA Name*
- *CHSA Name*
- *City*
- *Owner Type*
- *Last Updated*
- *Start Date*
- *End Date*

# User Management

---

As a member of the Ministry of Health, you will have access to manage the users who will be interacting with the Vaccine Reporting Portal. All the users who are logging into the portal for the first time are required to have a role assigned to them in the portal. The MoH user will have access to assign and change the role for existing or new users.



Each row of user management has the following details:

1. **Username:** Username of the user requested the access
2. **Created:** Date on which access was requested
3. **Role:** Role of the user, if access is granted or pending.. in case access is pending
4. **Access:** NA/All/Names of the facilities where the user has access.
5. Buttons to Assign and Change the access.

The MoH members can also search users by the username.





## Assign Access

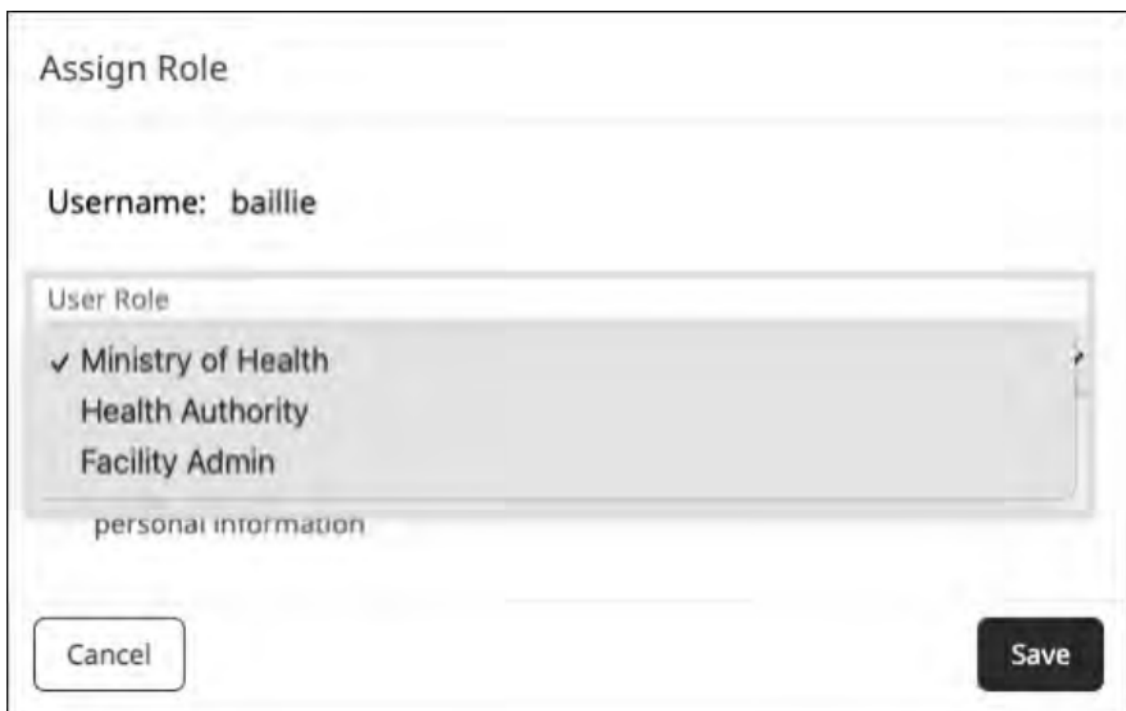
The MoH users can assign the access to the new user. Follow below steps to assign a role:

1. Click **Assign** to assign the role.

Username	Created	Role	Access
baillie	2021-08-24	Pending	N/A



2. Select the role you want to assign.



Assign Role

Username: baillie

User Role

- ✓ Ministry of Health
- Health Authority
- Facility Admin

personal information

Cancel Save

- If assigning the role of *Ministry of Health*, select the **Ministry of Health** and acknowledge the disclaimer and click **Save**. The user will now have access to all the facilities across the province.

The screenshot shows the 'Assign Role' form with the following details:

- Username:** baillie
- User Role:** Ministry of Health (selected in a dropdown menu)
- I understand that I am granting this user access to potentially sensitive personal information
- Buttons:** Cancel and Save

- If assigning the role of *Health Authority*, select the **health authority** and the **region** to be assigned to the user. Acknowledge the disclaimer and click **Save**. The user will now have access to all the facilities under the assigned region.

The screenshot shows the 'Assign Role' form with the following details:

- Username:** baillie
- User Role:** Health Authority (selected in a dropdown menu)
- Region List:** Fraser, Interior, Northern (checked), Vancouver Coastal, Vancouver Island
- I understand that I am granting this user access to potentially sensitive personal information
- Buttons:** Cancel and Save

The screenshot shows the 'Assign Role' form with the following details:

- Username:** baillie
- User Role:** Health Authority (selected in a dropdown menu)
- Region:** Fraser (selected in a dropdown menu)
- I understand that I am granting this user access to potentially sensitive personal information
- Buttons:** Cancel and Save

- If assigning the role of Facility Admin, select the **facility admin** and the **facilities** to be assigned to the user. You can choose multiple facilities for a single user. Acknowledge the disclaimer and click **Save**. The user will now have access to all the facilities assigned to him/her.

**Assign Role**

Username: baillie

User Role:  
 Facility Admin

Facilities:  
 Adanac Park Lodge x Amenida Seniors Community x  
 Bedford Manor x Amica at West Vancouver AL x

I understand that I am granting this user access to potentially sensitive personal information

Cancel Save

3. The updated access with user details will be saved at the end of the records.

baillie	2021-08-24	Facility Admin	Adanac Park Lodge - Amenida Seniors Community - Amica at West Vancouver AL - Bedford Manor	Change
---------	------------	----------------	---	--------

100 - 20 of 10 << < > >> Jump to Page...

4. Click **Cancel** to cancel assigning the role to the user.

## Change Access

The MoH user can change or update the access of any other user. Follow steps below to change the access:

1. Click **Change** to change the access of the user.

baillie	2021-08-24	Facility Admin	Adanac Park Lodge - Amenida Seniors Community - Amica at West Vancouver AL - Bedford Manor	Change
---------	------------	----------------	---	--------

- To change the role of the user, select the role and change it to the desired role. For the Health Authority, you can change the region from the available list. For Facility Admin, you can add new facilities by selecting it from the dropdown or to remove the existing facility, click 'X'. Acknowledge the disclaimer and click **Save** after changing the access.

The screenshot shows a web form titled "Assign Role". At the top, there is a text input field. Below it, the "Username" is displayed as "baillie". A dropdown menu is open, showing three options: "Ministry of Health", "Health Authority", and "Facility Admin", with the latter selected and marked with a checkmark. Below the role selection is a "Facilities" section with a list of four items: "Adanac Park Lodge", "Amerida Seniors Community", "Amica at West Vancouver AL", and "Bedford Manor". Each item has a small 'x' icon to its right, and there is a larger 'x' icon and a dropdown arrow at the end of the list. At the bottom of the form, there is a checkbox that is currently unchecked, followed by the text "I understand that I am granting this user access to potentially sensitive personal information". Two buttons are located at the bottom: "Cancel" on the left and "Save" on the right.

- Click **Cancel** to cancel the update.

## RE: Vaccination Status in LTC - Options for Staff Management

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 8, 2021 2:27:27 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Brian,

s.13; s.17

If you have any questions, I'd suggest a discussion with Suzanne Kennedy regarding the legal authority to do this, and for operational questions:

Sybila Valdivieso, Executive Director and Senior Legal Counsel, - [Sybila.Valdivieso@phsa.ca](mailto:Sybila.Valdivieso@phsa.ca)  
Phil Mah, Product Manager IMITs PHSA [PMah-02@phsa.ca](mailto:PMah-02@phsa.ca)

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ulh (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓'əm (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** Wednesday, September 8, 2021 9:46 AM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

**Subject:** Vaccination Status in LTC - Options for Staff Management

Hi Mark and thanks for raising the question of management of staff based on knowledge of vaccination status, given the uncertainty about the results of our knowledge of their status.

Here are some scenarios, and interested in your feedback and from HEABC.

1. Vaccination status known: manage per the order i.e. mask and testing for unvaccinated (vaccinated staff mask based on MoH policy directive)

s.13; s.17

2. Vaccination status unknown

- a. Name, birthdate, address submitted to MoH – no results yet: continue masking based on MoH policy directive until search completed

s.13; s.17

- b. Name, birthdate, address submitted to MoH (or PHN submitted as well) – unvaccinated: manage per order i.e. mask and testing for unvaccinated

s.13; s.17

- c. Name, birthdate, address, no PHN submitted to MoH – no PHN found: Facility asks for PHN and proof of vaccination through Vaccination Card.

- i. If provides Vaccination Card and vaccinated, no testing required. Request PHN per order for verification. If refuse to provide PHN – this is a violation of PHO order, but challenging as person is apparently vaccinated. HEABC advice needed here.

s.13; s.17

- ii. If refusal to provide PHN or BC vaccination card: discipline per HEABC advice – likely suspend from work until status determined as this is a violation of the PHO order

s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**WARNING:** This email originated **outside of HEABC**. **DO NOT CLICK** links or attachments unless you recognize the sender's email address, name and know the content is safe.

## RE: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
Sent: September 8, 2021 6:14:12 PM PDT

I am good with that and agree to keep it high level. The vaccine card is not an option because it does not allow the facility (or public health) to record the immunization status for the employees so we still would not have the data at a facility level.

b

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19*

*Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)*

Phone:<sup>s.17</sup>

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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---

**From:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Sent:** September 8, 2021 6:02 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** RE: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Okay happy to send the high level response as recommended by all.  
I'll continue to send it through approvals on my end up to the MO.

I will just note that I imagine that a follow up question will be asking what will happen for those who weren't able to submit the information in time (if there were any). So if some didn't meet deadline, we may want to be prepared to answer this.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>



**Sent:** September 8, 2021 5:45 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Tounsi, Marielle GCPE:EX <[Marielle.Tounsi@gov.bc.ca](mailto:Marielle.Tounsi@gov.bc.ca)>;

Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>;

Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>

**Subject:** Re: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Looks good to me, thanks Mark!

Sent from my iPhone

On Sep 8, 2021, at 5:39 PM, Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:

Hi Mark, I agree with keeping the response high level, and your proposed response looks good to me.

Copying Bonnie in case the media gets to her with questions.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** September 8, 2021 5:34 PM

**To:** Tounsi, Marielle GCPE:EX <[Marielle.Tounsi@gov.bc.ca](mailto:Marielle.Tounsi@gov.bc.ca)>

**Cc:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>

**Subject:** Re: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Hi Marielle,

I agree with Kiersten's comments that we should keep our responses high level.

With respect to the specific question, I would propose the following response:

s.13

Brian and Kiersten - are you comfortable with the proposed response?

Mark.

On Sep 8, 2021, at 5:01 PM, Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca> wrote:

I suspected this is the crux of the request.

I just reached out to the reporter letting her know that we would likely not have a response ready for today's print deadline and she asked if we could just clarify this:

Can you respond to concerns about computer problems home administrators say are making it difficult to meet today's deadline for submitting staff vaccination lists?  
Has the deadline been extended to Sept. 15?

Given that deadline for submitting the data is today, I would suspect that this is the most crucial piece of the response needed for now.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 8, 2021 4:46 PM  
**To:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Subject:** RE: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Just to clarify, are those your questions or follow-up questions from the reporter? I would suggest we keep it high level and not go into that level of detail in our response. Mark, your thoughts?

---

**From:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Sent:** September 8, 2021 4:35 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Subject:** RE: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Thanks Kiersten.

I just have a couple questions I'm hoping we can address for the first piece:

Do we expect that this data collection will be completed today?  
What will happen if it is not?  
Are we providing a grace period?  
Have we heard concerns from LTC's saying that they can't get this done in time and is it an administrative burden just actually manually inputting into the system?

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** September 8, 2021 3:42 PM  
**To:** Tounsi, Marielle GCPE:EX <[Marielle.Tounsi@gov.bc.ca](mailto:Marielle.Tounsi@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>  
**Cc:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>  
**Subject:** RE: FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association  
**Importance:** High

I've taken a crack at drafting a response (see below in red) to the first couple of questions (flagged as most important for reporter today) as well as the last question and am copying in Brian Emerson and Mark Armitage for review/approval. Brian please check my language around the legal requirement of the Order (e.g., is the information provided to PHO or Minister?). For the question around expansion to other sectors of health care, I used the transcript from the Aug 31 press conference, but would appreciate both Mark and Brian approving this to go to a reporter. For the other questions, highlighted in yellow, I would suggest we connect tomorrow about response, as I don't have these answers.

Kiersten

---

**From:** Tounsi, Marielle GCPE:EX  
**Sent:** September 8, 2021 12:17 PM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>  
**Subject:** FOR INPUT: COVID Media Request: Vaccinations at LTC - Response to BC Care Providers Association

Hi there,

Please see the below request from Vancouver Sun asking about the deadline for LTCs to provide vaccination data on their employees.

The reporter is hearing that the deadline is no longer in place because the LTCs didn't have the capacity provide it in time.

There are also a few other claims as you will see below that they are wanting us to address.

Hoping you can help provide some insight or direct me to who may be able to help.

Thanks,

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations.*

**Reporter**

Susan Lazaruk, Reporter  
Vancouver Sun  
[slazaruk@postmedia.com](mailto:slazaruk@postmedia.com)

## **Deadline ASAP**

### **Request**

Sue Lazarik phoned from the Vancouver Sun.

She is hoping to get confirmation ASAP around the deadline for LTC's to produce their data on existing vaccinates rates of their employees. From the LTC's she's spoken to, she says that this deadline is no longer in place because LTC's didn't have the capacity to produce this data in time.

The *COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER* requires long term care operators to collect and provide resident and staff information to the Public Health Officer by September 8, 2021 in order to verify vaccination status of residents and staff in these facilities.

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-vaccination-status-information.pdf>

The Ministry of Health is actively supporting health authorities and operators to comply with the requirements of this PHO Order, including establishing a reporting portal where resident and staff information is uploaded and then cross referenced with the provincial immunization registry to verify vaccination status.

She is also wondering (these following questions she'd prefer to get back today, but may be able to receive tomorrow).

She claims the BC Care Providers Association is asking that LTC use the vaccine card app instead for LTC employees instead of tracking the data themselves. Is that something the Ministry is considering?

She claims the BC Care Providers Association is also finding smaller LTC's are worried that if they're left on their own to collect data for employee vaccination, would they be left on their own when it comes to legal challenges? Smaller LTC's don't have the capacity, according to Sue, to handle a legal challenge from an unvaccinated LTC employee, and are hoping this would be handled centrally. Does the ministry have any response to this?

Finally, Sue claims that LTC employee vaccinations are mandatory while Acute Care employee vaccinations are not. Is the ministry worried that their will be a migration of employees from LTC to Acute Care?

Minister Dix and Dr. Henry have indicated in previous statements to the media that there is an intention to expand mandatory vaccination to other areas of the health sector. There is a recognition that COVID-19 is most dangerous and most lethal in long-term care, and that's why mandatory vaccination is starting with this sector, to ensure that everybody in that setting is immunized. The PHO and Ministry are working through the details for other health care settings.

### **Recommendation**

## RE: Vaccination Status in LTC - Options for Staff Management

---

From: Emerson, Brian P HLTH:EX  
To: Armitage, Mark W <Mark.Armitage@gov.bc.ca>  
Sent: September 8, 2021 7:32:01 PM PDT

Hi Mark and looking for your wise counsel here before responding to Matt.

s.13; s.17

Shall we connect in the morning with Anita, Chris and Corey to get an update on the status of the HA data submission and matching process and decide what do based on their assessment? I could meet at 900-930 or 1100-1230.

s.13

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 8, 2021 2:27 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

**Subject:** RE: Vaccination Status in LTC - Options for Staff Management

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Brian,

s.13; s.17

If you have any questions, I'd suggest a discussion with Suzanne Kennedy regarding the legal authority to do this, and for operational questions:

Sybila Valdivieso, Executive Director and Senior Legal Counsel, - [Sybila.Valdivieso@phsa.ca](mailto:Sybila.Valdivieso@phsa.ca)

Phil Mah, Product Manager IMITs PHSA [PMah-02@phsa.ca](mailto:PMah-02@phsa.ca)

Thanks,

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** Wednesday, September 8, 2021 9:46 AM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>;

Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>;

Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Dave Hanacek

<[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>

**Subject:** Vaccination Status in LTC - Options for Staff Management

Hi Mark and thanks for raising the question of management of staff based on knowledge of vaccination status, given the uncertainty about the results of our knowledge of their status.

Here are some scenarios, and interested in your feedback and from HEABC.

1. Vaccination status known: manage per the order i.e. mask and testing for unvaccinated (vaccinated staff mask based on MoH policy directive)

## 2. Vaccination status unknown

- a. Name, birthdate, address submitted to MoH – no results yet: continue masking based on MoH policy directive until search completed  
s.13; s.17
- b. Name, birthdate, address submitted to MoH (or PHN submitted as well) – unvaccinated: manage per order i.e. mask and testing for unvaccinated  
s.13; s.17
- c. Name, birthdate, address, no PHN submitted to MoH – no PHN found: Facility asks for PHN and proof of vaccination through Vaccination Card.
  - i. If provides Vaccination Card and vaccinated, no testing required. Request PHN per order for verification. If refuse to provide PHN – this is a violation of PHO order, but challenging as person is apparently vaccinated. HEABC advice needed here.  
s.13; s.17
  - ii. If refusal to provide PHN or BC vaccination card: discipline per HEABC advice – likely suspend from work until status determined as this is a violation of the PHO order  
s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 8, 2021 7:58:00 PM PDT  
Attachments: s.13; s.17

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi everyone,

I've attached three documents for your review:  
s.13; s.17

s.13; s.17 Please let me know by 9 am tomorrow if you have any feedback on the GIU or concerns with it being distributed tomorrow morning.

Mark, please also let me know if you're okay with the BN being shared with the VPs of HR for discussion on Friday.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
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Mobile: 604.506.0007  
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Page 190 of 989 to/à Page 202 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## Re: Vaccination Status in LTC - Options for Staff Management

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 8, 2021 9:59:18 PM PDT

Hi Matt, apologies for not responding to your email yesterday, I was completely consumed with the IT issues and missed it.

s.13; s.17

s.13; s.17

The initial test run of the VIHA file was quite positive with only around 100 of the over 600 rows not immediately returning a PHN match. The team is working through the other HAs today and tomorrow and I will get a status update in the morning. I've also got time with HSIAR in the morning to get an update on the number of facilities reporting and number of staff entered into the portal. I'm hoping this gives us a sense of how many operators may be challenged to meet the Monday testing deadline, as I echo your concerns there.

Will take a look at the GIU and BN first thing.

Kiersten

Sent from my iPhone

On Sep 8, 2021, at 2:27 PM, Matt Prescott <MattP@heabc.bc.ca> wrote:

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Brian,

s.13; s.17

s.13; s.17

s.13; s.17

Sybila Valdivieso, Executive Director and Senior Legal Counsel, - [Sybila.Valdivieso@phsa.ca](mailto:Sybila.Valdivieso@phsa.ca)  
Phil Mah, Product Manager IMITs PHSA [PMah-02@phsa.ca](mailto:PMah-02@phsa.ca)

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
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**Sent:** Wednesday, September 8, 2021 9:46 AM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
**Subject:** Vaccination Status in LTC - Options for Staff Management

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Here are some scenarios, and interested in your feedback and from HEABC.

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s.13; s.17

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s.13; s.17
- c. Name, birthdate, address, no PHN submitted to MoH – no PHN found: Facility asks for PHN and proof of vaccination through Vaccination Card.
- i. If provides Vaccination Card and vaccinated, no testing required.  
Request PHN per order for verification. If refuse to provide PHN – this is a violation of PHO order, but challenging as person is apparently vaccinated. HEABC advice needed here.  
s.13; s.17
  - ii. If refusal to provide PHN or BC vaccination card: discipline per HEABC advice – likely suspend from work until status determined as this is a violation of the PHO order  
s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Emerson, Brian P HLTH:EX  
**To:** Matt Prescott <MattP@heabc.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
**Sent:** September 8, 2021 10:08:09 PM PDT

Hi Matt and thanks for sending this along.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 8, 2021 7:58 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** s.13; s.17

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Hi everyone,

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s.13; s.17

s.13; s.17 . Please let me know by 9 am tomorrow if you have any feedback on the GIU or concerns with it being distributed tomorrow morning.

Mark, please also let me know if you're okay with the BN being shared with the VPs of HR for discussion on Friday.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
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s.13; s.17

---

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**To:** Matt Prescott <MattP@heabc.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>  
**Sent:** September 9, 2021 7:55:01 AM PDT  
Hi Matt,

Thanks for sharing. On the GIU, a couple of comments for consideration from me.

s.13; s.17

s.13; s.17

We will get started on that and run it by you and PHO.

Kiersten

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 8, 2021 7:58 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** s.13; s.17

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s.13; s.17

s.13; s.17 Please let me know by 9 am tomorrow if you have any feedback on the GIU or concerns with it being distributed tomorrow morning.

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Matt

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s.13; s.17

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 9, 2021 10:24:40 AM PDT

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Thanks Brian. As briefly mentioned this morning,<sup>s.13; s.17</sup>  
s.13; s.17

We will update and send out the GIU later this morning.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** Wednesday, September 8, 2021 10:08 PM

**To:** Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

**Subject:** s.13; s.17

Hi Matt and thanks for sending this along.

s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

Sent: September 8, 2021 7:58 PM

To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

Subject: s.13; s.17

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Matt

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## RE: Portal - EMPI Update?

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 9, 2021 4:02:45 PM PDT

I just got off a call with the technical team and can either type out a full update or we can get on a quick call. Short answer is that I am hopeful we will have the majority of the HA staff PHNs provided by Saturday and as long as HAs can upload to the portal over the weekend, they should receive the vaxx status and be able to implement rapid testing accordingly on Monday. s.13

s.13

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 9, 2021 3:59 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** Portal - EMPI Update?

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Kiersten,

Are you able to provide an update on progress/developments regarding how HAs are getting their staff vaccination data? We are being contacted by almost all the HAs (mostly LR staff) who need to send out their communications to unvaccinated staff.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *skwxwú7mesh* (Squamish), *selilwítulh* (Tsleil-Waututh), and *xwməθ kwəy̓əm* (Musqueam) nations.

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## RE: Portal - EMPI Update?

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: September 9, 2021 4:16:27 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

s.13 I think we all need to get on a call and figure out what to do. I'll send an invite for 430. Please do your best to make room to attend and let me know if we need to talk at 5 instead.

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Thursday, September 9, 2021 4:03 PM  
**To:** Matt Prescott <MattP@heabc.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** RE: Portal - EMPI Update?

I just got off a call with the technical team and can either type out a full update or we can get on a quick call. Short answer is that I am hopeful we will have the majority of the HA staff PHNs provided by Saturday and as long as HAs can upload to the portal over the weekend, they should receive the vaxx status and be able to implement rapid testing accordingly on Monday.<sup>s.13</sup>

s.13

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 9, 2021 3:59 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** Portal - EMPI Update?

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Hi Kiersten,

Are you able to provide an update on progress/developments regarding how HAs are getting their staff vaccination data? We are being contacted by almost all the HAs (mostly LR staff) who need to send out their communications to unvaccinated staff.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
MattP@heabc.bc.ca

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the  $\text{skwxwú7mesh}$  (Squamish),  $\text{selíłwítulh}$  (Tseil-Waututh), and  $\text{xwməθ kwəyəm}$  (Musqueam) nations.

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## Implementation Update - PHO Vaccination Status Order

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
Sent: September 9, 2021 4:32:11 PM PDT

Good Afternoon,

A quick update on status on confirmation of vaccination status for residents and staff under the PHO Order prior to our 4:30 call.

- There are approximately 600 total facilities listed in the portal.
- There are 45,000 records across 351 facilities currently in the portal. Of these, 22,600 are resident records and 22,400 are staff.
- According to the BC Health Staffing Data (based on the most recent point in time pay period), there are 48,900 staff working in facilities under the Order.
- Health authorities have all submitted their staff lists to the Ministry with name, DOB and address and these are being run against the EMPI to match PHNs
  - Excluding FHA (still being worked on) the HA staff lists contain 10,619 staff
- Staff in the Ministry have agreed to work overtime on the weekend, as required to complete the EMPI matching for health authorities, in order to be able to provide PHNs in time for HAs to upload to the portal and implement rapid testing on Monday.
- Health authorities will be provided an initial list of “high confidence” PHNs. PHNs with medium confidence will be manually matched and where there is low confidence, HAs will be asked to request PHNs from staff (the latter expected only be a handful)
- With 22,400 staff already in the portal and an expected 10,619 from HAs (not including FHA), we are looking at having approx. 30,000-35,000 staff with confirmed vaccination status by Monday, out of our total estimate of 48,900.

Kiersten

### **Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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## **Need to urgently amend the PHO Vaccination Status Order to delay start of mandatory staff testing by a few days**

---

From: Emerson, Brian P HLTH:EX  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Armitage, Mark W <Mark.Armitage@gov.bc.ca>  
Sent: September 9, 2021 5:52:08 PM PDT  
Hi Bonnie.

Below is an update on progress to implement this order – with the bottom line being, if OK with you, we need to push the start of testing unvaccinated staff from Monday to Thursday, so need to make that change to the order (original date to start was September 13, new date to start would be September 16).

The challenge is that linking staff information (name, birthdate, address) to the EMPI to get the PHN, then linking to the PIR to get the vaccination status, has taken longer than anticipated. As such we are not going to be able to get a list of unvaccinated staff to the facilities in time for them to initiate testing by the original deadline of Monday.

As you can see from below IMIT staff are willing to work overtime on the weekend to complete the EMPI matching. As such we will be able to provide facilities with the list of unvaccinated staff early next week, with a goal of implementing testing of unvaccinated staff by Thursday.

This extra bit of time will give everyone a bit more breathing room to make sure this rolls out smoothly. Other options were considered but they contained significant risk of implementation going sideways, or potential non-adherence to proper privacy due diligence.

As anticipated, there will still be gaps in the information, which was expected, and that will be followed up next week.

This will not affect the plan that all staff must be vaccinated by October 11. Two communications have gone to remind of the need to have at least their first dose by September 13, and a third communication is planned.

Please let me know whether you approve this change ASAP.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 9, 2021 4:32 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
**Subject:** Implementation Update - PHO Vaccination Status Order

Good Afternoon,

A quick update on status on confirmation of vaccination status for residents and staff under the PHO Order prior to our 4:30 call.

- There are approximately 600 total facilities listed in the portal.
- There are 45,000 records across 351 facilities currently in the portal. Of these, 22,600 are resident records and 22,400 are staff.
- According to the BC Health Staffing Data (based on the most recent point in time pay period), there are 48,900 staff working in facilities under the Order.
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Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
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## **RE: Need to urgently amend the PHO Vaccination Status Order to delay start of mandatory staff testing by a few days**

---

From: Emerson, Brian P HLTH:EX  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Sent: September 9, 2021 6:24:02 PM PDT

Thank you. It will help a lot. I will let the team know.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Sent:** September 9, 2021 6:17 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Subject:** Re: Need to urgently amend the PHO Vaccination Status Order to delay start of mandatory staff testing by a few days

Thanks. I approve. I know some facilities are doing it already and everyone is masking so that should mitigate any risk.  
B

Dr Bonnie Henry  
Provincial Health Officer  
Ministry of Health  
[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)  
s.17

On Sep 9, 2021, at 5:52 PM, Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:

Hi Bonnie.

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implementation going sideways, or potential non-adherence to proper privacy due diligence.

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T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>

**Sent:** September 9, 2021 4:32 PM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>

**Cc:** Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>

**Subject:** Implementation Update - PHO Vaccination Status Order

Good Afternoon,

A quick update on status on confirmation of vaccination status for residents and staff under the PHO Order prior to our 4:30 call.

- There are approximately 600 total facilities listed in the portal.
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**Kiersten Fisher** (she/her)  
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is prohibited. If you have received this e-mail in error, please contact the sender immediately and delete the material from any  
computer.*

## RE: Data/Portal Problem - Testing date extension

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Sari Ahonen Wiens <swiens@harrisco.com>  
Sent: September 9, 2021 6:29:17 PM PDT

Thanks all for the call this afternoon, and all the focussed, hard work on this initiative.

Bonnie has approved extension of the testing date to start on Thursday, September 16.

I will send you an amended order and arrange for web posting first thing in the morning.

Thanks again for the great dedication!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

-----Original Appointment-----

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 9, 2021 4:21 PM

**To:** Matt Prescott; Fisher, Kiersten D HLTH:EX; Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Johnson, Eugene HLTH:EX; Howatson, Evan HLTH:EX; Michael McMillan; Carmen Hamilton; Dave Hanacek; Sari Ahonen Wiens

**Subject:** Data/Portal Problem

**When:** September 9, 2021 4:30 PM-5:00 PM (UTC-08:00) Pacific Time (US & Canada).

**Where:** Zoom

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hoping everyone can make this work on short notice.

Join Zoom Meeting

s.15; s.17

Meeting ID:s.15; s.17

Passcode:s.15; s.17

One tap mobile

s.15; s.17

Dial by your location

s.15; s.17

Meeting ID: s.15: s.17

Find your local number:s.15; s.17

Join by Skype for Business

s.15; s.17

## COVID-19 Vaccination Status Information and Preventive Measures Order for web posting

---

**From:** Emerson, Brian P HLTH:EX  
**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel <s.15 s.15 >, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Ashley.Halicki@gov.bc.ca, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Thompson, Laurel <s.15 s.15 >  
**Sent:** September 10, 2021 8:06:57 AM PDT  
**Attachments:** Vaccination Status Information Order September 9 final.pdf  
Good morning.

Please post the attached order to the PHO website:

Title is "COVID-19 Vaccination Status Information and Preventive Measures Order– September 9, 2021". Please move the current order to the Preventive Measures archives.

This order has been amended to extend the date of testing to start to September 16, due to additional time needed to obtain the data necessary to determine staff vaccination status.

In addition practicum students are now included as staff. They had incorrectly been included as outside health care providers.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX  
**Sent:** September 1, 2021 3:01 PM  
**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>; (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel <Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Ashley.Halicki@gov.bc.ca <Ashley.Halicki@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Leah.Holiday@gov.bc.ca; Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>  
**Subject:** RE: COVID-19 Vaccination Status Information and Preventive Measures Order for web posting  
**Importance:** High

Please post the attached order to the PHO website, and would appreciate it being posted today:

Title is “COVID-19 Vaccination Status Information and Preventive Measures Order– August 31, 2021”. Please move the current order to the archives, and create a new category called “Preventive Measures”.

Key changes from the previous order are mostly to do with information requirements, including:

- extension of deadline for submission of information from facilities to September 8, and consequent extension of the expectation for testing to start to September 13
- option of submission of contact information (address, street address, postal code and city of residence) for generation of the personal health number (PHN) by the Ministry, in place of submission of PHN
- submission of data of current and resident leaving facilities, to keep information about the cohort in the facilities current
- up date of definition of vaccinated which is after 7 days post second dose, rather than 14 days

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)





## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 57 (1), 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

### ***COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER – SEPTEMBER 9, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**
- TO: THE MINISTER OF HEALTH**

**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines which prevent or reduce the risk of infection with SARS-CoV-2 have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. The presence of an unvaccinated outside provider in a facility creates a risk to residents and staff;
- L. The Minister of Health is the custodian of the health information bank known as the Enterprise Master Patient Index (“EMPI”), which includes the personal health numbers of residents of the Province;
- M. The Client Registry System/Enterprise Master Patient Index is governed by the *E-Health (Personal Health Information Access and Protection of Privacy) Act* and Designation Order M109, which

authorizes the Minister of Health to release information in order to address public health needs, to conduct public health surveillance, and to assess and address threats to public health;

- N. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities 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 public, including constitutionally protected interests, against the risk of harm to residents and staff of facilities created by the presence of unvaccinated persons in facilities;
- O. 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 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;
- P. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- Q. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of resident and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) the presence of an unvaccinated staff member or an unvaccinated outside provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (iii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iv) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. match this information with information in the Provincial Immunization Registry;
  - (v) in order to confirm the vaccination status of staff in facilities, I need to

- a. collect personal information about staff from employers;
- b. provide this information to the Minister of Health, so that the Minister may match it with information in the Enterprise Master Patient Index for the purpose of validating or providing me with the personal health numbers of staff; and
- c. upon receiving the personal information of staff from employers, and the validation of or the personal health numbers of staff from the Minister of Health, match this information with information in the Provincial Immunization Registry.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record, or collected from a resident;
2. order operators to collect and retain vaccination status information from outside providers;
3. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
4. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
5. order staff to provide personal information to employers for the purpose of reporting it to me;
6. collect the personal information of staff from employers and provide it to the Minister of Health, so that the Minister of Health may match it with information in the Enterprise Master Patient Index, in order to validate the personal health numbers of staff provided by employers, or to provide me with the personal health numbers of staff;
7. use the personal information provided by operators, admitters, employers and the Minister of Health to confirm the vaccination status of residents and staff by matching the information with information in the Provincial Immunization Registry;
8. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
9. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;
10. order preventive measures to protect residents and staff from the risk of transmission of SARS-CoV-2;
11. prohibit persons who have not provided proof of vaccination or are not in compliance with preventive measures from being in a facility.

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:****In this Order**

“**admitter**” includes an operator;

“**category of staff member**” means a job description in accordance with Schedule 1;

“**close contact**” means within two metres of another person;

“**facility**” means a long term care facility, a private hospital, a stand-alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

“**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;

“**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, unless otherwise stated;

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

“**operator**” means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, and a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

“**outside health care or personal care provider**” means a physician, nurse, physiotherapist, occupational therapist, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

“**outside support or personal service provider**” means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;

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

“**PCR test**” means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

“**proof of vaccination**” means providing official written documentation that a person has been vaccinated either in paper or online format;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract, or a practicum student providing health care or personal care;

**“unvaccinated”** means that a person does not meet the definition of “vaccinated” and includes

- a. a staff member who has not provided the information required to be provided under this Order, and;
- b. a staff member who has not been vaccinated in British Columbia, and who does not provide their vaccination history as required by this Order;

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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. Provide the following information about current residents from resident files, or collect it from current residents, and provide it to me, with the name and address of the facility, by September 8, 2021, by entering the information at the data entry portal, or as directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.
2. Collect the following information from new residents at the time of admission, and provide it to me, with the name and address of the facility, at the time of admission, by entering the information at the data entry portal, or as directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate;
  - c. the resident’s personal health number; and
  - d. the resident’s date of admission.
3. Provide the date on which a resident is discharged from or ceases to live in a facility to me, at the time the resident is discharged from, or ceases to live in a facility, by entering the

date, the name of the resident, and the name and address of the facility, at the data entry portal, or as directed by me.

## **B. RESIDENTS**

### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident's legal first and last names;
  - b. the resident's birthdate; and
  - c. the resident's personal health number.
2. If the resident has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **C. EMPLOYERS**

### **MUST:**

1. Subject to section 4, provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to me, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information by September 8, 2021, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.
2. Subject to section 4, collect the following information from new staff, and provide this information to me, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence; and

- d. the date the new staff member begins to work at the facility.
3. Provide the date on which a staff member ceases to work in a facility to me, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
4. Despite section 1 (c), if an employer provides a staff member's street address, postal code and city of residence, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the employer must collect the staff member's personal health number from the staff member, and provide it to me, at my request into the data entry portal, or as directed by me..

#### **D. STAFF**

##### **MUST:**

1. Subject to section 2, provide the following information to their employer:
  - a. their legal first and last names;
  - b. their birthdate;
  - c. their personal health number or their street address, postal code and city of residence.
2. Despite section 1 (c), if a staff member provides their street address, postal code and city of residence to an employer, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the staff member must provide the staff member's personal health number to the employer, at the employer's request.
3. If the staff member has been vaccinated outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

#### **E. MINISTER OF HEALTH**

##### **MUST:**

Collect the personal information of staff from me and match the information with information in the Enterprise Master Patient Index, and validate, or provide me with, the personal health numbers of staff.

#### **F. PREVENTIVE MEASURES APPLICABLE TO STAFF**

**Commencing on September 16, 2021, the following preventive measures and requirements come into effect:**

1. An unvaccinated staff member must wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.



2. Despite section 1, an unvaccinated staff member may remove a medical mask when consuming food or a beverage.
3. An unvaccinated staff member must be tested for COVID-19 by means of a rapid test at a facility at every shift.
4. If a rapid test result for an unvaccinated staff member is positive, the unvaccinated staff member must
  - a. notify the operator, and employer if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
5. An operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
6. An operator must make provision for the rapid testing of unvaccinated staff for COVID-19 in the facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 3.
7. An operator and employer, if not the operator, must require an unvaccinated staff member who tests positive after a rapid test to leave the facility immediately, if it is operationally safe to do so.
8. An unvaccinated staff member who does not wear a medical mask which covers their nose and mouth, or get tested as required in section 3, must not be in a facility.
9. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result after receiving a positive test result from a rapid test must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

10. An operator and employer, if not the operator, must not permit an unvaccinated staff member who is not wearing a medical mask which covers their nose and mouth, or who does not get tested as required in section 3, to be in a facility.
11. An operator and employer, if not the operator, must not permit an unvaccinated staff member who tests positive on a rapid test to return to a facility, until the staff member provides a negative PCR test result, or 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

#### **F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.
6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.

8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. An outside support or personal service provider who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination, and who is not in compliance with section 1 to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every person in the facility, except a resident with whom it is necessary that they be in close contact,
  - c. not be in close contact with a resident unless this is necessary.
2. An occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide

information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
4. An operator must not permit an occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
5. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 WITH RESPECT TO THIS ORDER**

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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to the facility.

**M. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

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

- (a) have additional relevant information that was not reasonably available to the me or another health officer when the order was issued or varied,
- (b) have a proposal that was not presented to me or another 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 of any aspect of this Order on the basis of a medical contraindication made by a person to whom the Order applies must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement.

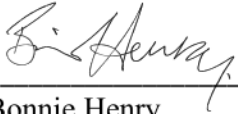
A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 9<sup>th</sup> day of September 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other



**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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.

(4) The provincial health officer, or a medical health officer with the approval of the provincial health officer, may apply to a judge of the Provincial Court for an order to detain a person who

(a) does not comply with an order under this section or an instruction under subsection (3), or

(b) delivers a notice under subsection (2) but in respect of whom an instruction under subsection (3) would not be reasonably practical in the circumstances.

(5) For the purposes of subsection (4) of this section,

(a) the application must be made in the manner set out in the regulations,

(b) a judge of the Provincial Court, on receiving the application, may make an order described in section 49 (3) [*application to court if danger to public health*] if satisfied by evidence on oath or affirmation that the circumstances described in subsection (4) of this section exist, and

(c) section 49 (4) to (7) applies.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **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*];

## **FW: Vaccination Status Information and Preventive Measures PHO Order**

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Sent:** September 10, 2021 8:28:34 AM PDT  
**Attachments:** Vaccination Status Information Order September 9 final.pdf, 2021 09 10 - Draft GIU xx v2 MP.DOCX, 09.10.2021 draft bulletin to staff on testing v2 DH.DOCX

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian. I've attached our draft GIU and template staff bulletin regarding the amendment, which we'll need to send out ASAP this morning. Please let us know if you have any feedback. Hoping we can discuss on our 830 call and get this sent out.

Thanks,  
Matt

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** Friday, September 10, 2021 8:05 AM

**To:** Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>; Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>; XT:HLTH Parker, Robert <ROBERT.PARKER@interiorhealth.ca>; XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>; Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>; XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>; XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>; Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>; Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>; Nel Wieman <Nel.Wieman@fnha.ca>; XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>; XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>; XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>; Matt Prescott <MattP@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Sterloff, Trish HLTH:EX <Trish.Sterloff@gov.bc.ca>; Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>; Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>; Gudavicius, Geoff HLTH:EX <Geoff.Gudavicius@gov.bc.ca>; Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Malovec, Anita HLTH:EX <anita.malovec@gov.bc.ca>; Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>; Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Narv Gill <Narv.Gill@heabc.bc.ca>; Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>; Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>; Perry, Tim HLTH:EX <Tim.Perry@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holiday, Leah GCPE:EX <Leah.Holiday@gov.bc.ca>

**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>

**Subject:** Vaccination Status Information and Preventive Measures PHO Order

Good morning.

This order has been amended to extend the date of testing to start to September 16, due to additional time needed to obtain the data necessary to determine staff vaccination status.

It should be posted soon on the PHO website.

In addition, practicum students are now included as staff. They had incorrectly been included as outside health care providers.

Thanks again for all those who are working so diligently on this initiative.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**Subject:** COVID-19 Vaccination Status Information and Preventive Measures Order

Attached is the next version of this order, which has been sent for posting to the PHO website.

Key changes from the previous order are mostly to do with information requirements, including:

- extension of deadline for submission of information from facilities to September 8, and consequent extension of the expectation for testing to start to September 13
- option of submission of contact information (address, street address, postal code and city of residence) for generation of the personal health number (PHN) by the Ministry, in place of submission of PHN
- submission of data of current and resident leaving facilities, to keep information about the cohort in the facilities current
- up date of definition of vaccinated which is after 7 days post second dose, rather than 14 days

Thanks for all the very helpful feedback on the initial version of the order, and all the great work to implement this initiative.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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## Draft Communication to Sector re PHO Orders and Rapid Testing

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From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX  
<Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Johnson, Eugene HLTH:EX  
<Eugene.Johnson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 10, 2021 9:17:35 AM PDT  
Attachments: GIU-311-Update1.0\_AppendixA-TemplateLettertoStaffNotConfirmedFullyVaccinated.DOCX, 09.10.2021 draft bulletin to staff on testing v2 DH.DOCX, 2021 09 10 - Draft GIU xx v2 MP.DOCX, GIU-311.pdf

Hi Matt,

Based on our discussion last night and the materials sent this morning from HEABC, I have drafted the attached communication to go out to BCCPA, DHA and BCSLA today, noting I would attach the final PDF version of the new GIU once it goes out. Can you review the email (done rather quickly so appreciate all eyes), specifically looking for confirmation of whether it makes sense to send both template letters and include the highlighted bullet below. I was going to remove the bullet, but I think even on the 16<sup>th</sup> there will be staff where vaccination status is either not confirmed or incorrect in the PIR.

Thanks,  
Kiersten

---

s.13; s.17

Additionally, HEABC has drafted the attached template letters for operators to send to staff – one for all staff to advise of the new timelines for rapid testing and reiterate the timelines for vaccination and a separate letter for those staff who have not been confirmed to have had a first dose of vaccine to remind them of vaccination timelines and implications. While, it is the responsibility of each employer to manage these issues in the same way that they manage all other statutory requirements applicable to their facilities and workforce, we hope the attached clarification of provincial direction and template letters are helpful for operators. We appreciate your continued support in communicating information to your members.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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Page 251 of 989 to/à Page 266 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## **RE: Vaccination Status Information and Preventive Measures PHO Order**

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>  
Cc: Roy Thorpe-Dorward <Roy.Thorpe-Dorward@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 10, 2021 10:08:13 AM PDT

Hi Matt.

I do not have an ETA as it depends on other volume being dealt with by the web team.

If you send the document you could point them to <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> and say it will be posted today. Also remind them that sometimes the browser has to be refreshed to see the latest content.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 10, 2021 9:47 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Roy Thorpe-Dorward <Roy.Thorpe-Dorward@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** RE: Vaccination Status Information and Preventive Measures PHO Order

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

Do you have an ETA on when the amended order will be posted on the PHO site? We are hoping to hyperlink in our GIU but if it's not going to be up in the next 30 minutes or so we will just attach the amended order.

Thanks  
Matt

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** Friday, September 10, 2021 8:05 AM  
**To:** Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>; Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>; XT:HLTH Parker, Robert <ROBERT.PARKER@interiorhealth.ca>; XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>; Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>; XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>; XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>; Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>; Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>; Nel Wieman <Nel.Wieman@fnha.ca>; XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>; XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>; XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>; Matt Prescott <MattP@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>;

Paul Todd <Paul.Todd@heabc.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Sterloff, Trish HLTH:EX <Trish.Sterloff@gov.bc.ca>; Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>; Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>; Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>; Gudavicius, Geoff HLTH:EX <Geoff.Gudavicius@gov.bc.ca>; Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Malovec, Anita HLTH:EX <anita.malovec@gov.bc.ca>; Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>; Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Narv Gill <Narv.Gill@heabc.bc.ca>; Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>; Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>; Perry, Tim HLTH:EX <Tim.Perry@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
**Subject:** Vaccination Status Information and Preventive Measures PHO Order

Good morning.

This order has been amended to extend the date of testing to start to September 16, due to additional time needed to obtain the data necessary to determine staff vaccination status.

It should be posted soon on the PHO website.

In addition, practicum students are now included as staff. They had incorrectly been included as outside health care providers.

Thanks again for all those who are working so diligently on this initiative.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**Subject:** COVID-19 Vaccination Status Information and Preventive Measures Order

Attached is the next version of this order, which has been sent for posting to the PHO website.

Key changes from the previous order are mostly to do with information requirements, including:

- extension of deadline for submission of information from facilities to September 8, and consequent extension of the expectation for testing to start to September 13
- option of submission of contact information (address, street address, postal code and city of residence) for generation of the personal health number (PHN) by the Ministry, in place of submission of PHN
- submission of data of current and resident leaving facilities, to keep information about the cohort in the facilities current
- up date of definition of vaccinated which is after 7 days post second dose, rather than 14 days

Thanks for all the very helpful feedback on the initial version of the order, and all the great work to implement this initiative.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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## **RE: DUE ASAP: COVID Media Request: LTC mandatory vacs requirements**

---

From: Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
To: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Sent: September 10, 2021 4:37:48 PM PDT

Dr. E – is it possible to get you to weigh in within the next 10 minutes?

Minister Dix only has a small window to review today.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations.*

---

**From:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Sent:** September 10, 2021 4:28 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Subject:** RE: DUE ASAP: COVID Media Request: LTC mandatory vacs requirements

My edits in the text below.

Brian, given that Bonnie has already signalled publicly that further measures are forthcoming for other health care sectors, I'm wondering if that should be referenced.

Cheers

Eugene Johnson  
Director, Emergency Medical Assistants Licensing Branch  
Health Sector Workforce and Beneficiary Services Division  
Ministry of Health  
[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca) or (778) 698-8428

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 10, 2021 3:24 PM  
**To:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Subject:** Re: DUE ASAP: COVID Media Request: LTC mandatory vacs requirements

Eugene Johnson should weigh in here given the Labour Relations focus of the questions.

Thanks,  
Kiersten

Sent from my iPhone

On Sep 10, 2021, at 3:19 PM, Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca> wrote:

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The piece highlighted in yellow has not been used before so I am unsure if it is accurate.

Do you have any other recommendations or does this look good to you?

Thanks,

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### **Reporter**

Janella Hamilton, Reporter  
CBC - Vancouver  
[janella.hamilton@cbc.ca](mailto:janella.hamilton@cbc.ca)  
778-228-6868

### **Deadline** ASAP

### **Request**

I am looking for comment from the Ministry re: long term care homes losing staff due to mandatory vaccination requirements. We heard from one care home in Abbotsford, that they are concerned their staff will leave their jobs at Menno Place, to go to hospitals or the cancer centre across the street.

1. Is the province hearing this from other care home providers?
2. Will the province be applying the mandatory vaccination policy to hospital staff and community-based workers as well?
3. Is this causing the province to reassess this competitive disadvantage?
4. Will long term care workers be terminated or suspended, if they are not fully vaccinated by the deadline - this is not specified in the provincial health order, as of right now.
5. I just spoke to the BC Care Providers Association. They are suggesting new hires for acute care settings be required to be fully vaccinated. Is this something the province is looking to implement right away, for new hires?

### **Recommendation**

The Ministry of Health understand there are legitimate medical reasons why a small number of people cannot be vaccinated.<sup>s.13</sup>  
s.13

The

Ministry has<sup>s.13</sup> been working with unions, and with owners, and operators, and public health to ensure that we have all of the provisions in place for people to get as high immunization rates as possible, and support people through this process. The orders from the PHO explain that people who seek a medical exemption must obtain supporting documentation from their medical practitioner who will submit it directly to the regional Medical Health Officer. The PHO will providing further guidelines about medical conditions that may require an exemption.

Long term and assisted living workers who chose to remain unvaccinated are in a continuing breach of the Vaccination Status Order, the *Public Health Act* and employer policy and are subject to progressive discipline, up to and including termination.

We have a vaccination or mask policy for influenza in healthcare and as we look at how to best protect people from COVID-19 in healthcare settings, we are reviewing various safety precautions for certain settings for those not vaccinated. Public health is currently looking at the highest risk settings in healthcare, including acute care settings, and assessing the need for mandatory vaccination for people who work in



those settings. There are other measures that can be considered, and we're looking at all measures to protect people, and adjusting what we're doing based on the circumstances.

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Sent: September 10, 2021 4:43:03 PM PDT

Hi Marielle.

See below in blue.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Sent:** September 10, 2021 4:38 PM  
**To:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
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## FW: GIU for Tomorrow Morning - Privileged & Confidential

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: September 14, 2021 8:02:40 PM PDT  
Attachments: 2021 09 15 -GIU xx.DOCX, 09.15.2021 Appendix to GIU xx - Template bulletin to staff on testing.DOCX

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Mark, Kiersten, Eugene, Evan, and Brian,

s.13; s.17

Please let me know by 8:30 am tomorrow if you have any concerns.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *s̓k̓w̓x̓w̓ú7mesh* (Squamish), *sel̓íłw̓it̓ulh* (Tsleil-Waututh), and *x̓w̓m̓əθ̓ kw̓əy̓əm* (Musqueam) nations.

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---

**From:** Matt Prescott  
**Sent:** Tuesday, September 14, 2021 7:53 PM  
**To:** Roy Thorpe-Dorward <Roy.Thorpe-Dorward@heabc.bc.ca>; Jacqueline Wong <Jacqueline.Wong@heabc.bc.ca>  
**Cc:** Sari Ahonen Wiens <swiens@harrisco.com>; Paul Todd <Paul.Todd@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** GIU for Tomorrow Morning  
**Importance:** High

Hi Roy and Jacqueline,

Could you please send out the attached GIU and appendix first thing tomorrow morning. The appendix should be included in the GIU (pdf) and as a separate word document.

If you have any questions or feedback please let me know.

Thanks,  
Matt

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Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
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Page 278 of 989 to/à Page 280 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: GIU for Tomorrow Morning - Privileged & Confidential

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: September 15, 2021 7:57:09 AM PDT

Hi Matt and thanks for the opportunity to comment.

s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**Importance:** High

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**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
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From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: September 15, 2021 9:58:12 AM PDT  
Attachments: FINAL - GIU-315.DOCX

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

s.13; s.17

Mark, thanks also for your edit which we have included.

Matt

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** Wednesday, September 15, 2021 7:57 AM  
**To:** Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** RE: GIU for Tomorrow Morning - Privileged & Confidential

Hi Matt and thanks for the opportunity to comment.

s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Sent:** September 14, 2021 8:03 PM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>  
**Subject:** FW: GIU for Tomorrow Morning - Privileged & Confidential  
**Importance:** High

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Mark, Kiersten, Eugene, Evan, and Brian,

s.13; s.17

Please let me know by 8:30 am tomorrow if you have any concerns.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *sk̓wx̓wú7mesh* (Squamish), *sel̓il̓wítulh* (Tsleil-Waututh), and *xwməθ kwəy̓əm* (Musqueam) nations.

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---

**From:** Matt Prescott  
**Sent:** Tuesday, September 14, 2021 7:53 PM  
**To:** Roy Thorpe-Dorward <[Roy.Thorpe-Dorward@heabc.bc.ca](mailto:Roy.Thorpe-Dorward@heabc.bc.ca)>; Jacqueline Wong <[Jacqueline.Wong@heabc.bc.ca](mailto:Jacqueline.Wong@heabc.bc.ca)>  
**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
**Subject:** GIU for Tomorrow Morning  
**Importance:** High

Hi Roy and Jacqueline,

Could you please send out the attached GIU and appendix first thing tomorrow morning. The appendix should be included in the GIU (pdf) and as a separate word document.

If you have any questions or feedback please let me know.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
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## RE: GIU for Tomorrow Morning - Privileged & Confidential

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>  
Sent: September 15, 2021 11:58:38 AM PDT  
Attachments: GIU-315.pdf, AppendixA-TemplateBulletin\_GIU-315.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Eugene has alerted me that the attachment to my last email was a blank document. Sorry, not sure what happened there but in any event here is our GIU that was sent out at 10:20 to all HEABC members.

Kiersten you may wish to provide this to BCCPA and/or the other (non-HEABC) employer organizations.

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Sent:** Wednesday, September 15, 2021 11:30 AM  
**To:** Matt Prescott <MattP@heabc.bc.ca>  
**Subject:** RE: GIU for Tomorrow Morning - Privileged & Confidential

Hi Matt,

FYI – the attachment shows up a blank document. I forwarded to a staff member who confirmed the same, so it's not just my computer

Cheers

Eugene Johnson  
Director, Emergency Medical Assistants Licensing Branch  
Health Sector Workforce and Beneficiary Services Division

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 15, 2021 9:58 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** RE: GIU for Tomorrow Morning - Privileged & Confidential

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s.13; s.17

Mark, thanks also for your edit which we have included.

Matt

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**Sent:** Wednesday, September 15, 2021 7:57 AM  
**To:** Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Cc:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** RE: GIU for Tomorrow Morning - Privileged & Confidential

Hi Matt and thanks for the opportunity to comment.

s.13; s.17

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** September 14, 2021 8:03 PM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>

**Subject:** FW: GIU for Tomorrow Morning - Privileged & Confidential

**Importance:** High

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Mark, Kiersten, Eugene, Evan, and Brian,

s.13; s.17

Please let me know by 8:30 am tomorrow if you have any concerns.

Thanks,  
Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

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**From:** Matt Prescott

**Sent:** Tuesday, September 14, 2021 7:53 PM

**To:** Roy Thorpe-Dorward <[Roy.Thorpe-Dorward@heabc.bc.ca](mailto:Roy.Thorpe-Dorward@heabc.bc.ca)>; Jacqueline Wong <[Jacqueline.Wong@heabc.bc.ca](mailto:Jacqueline.Wong@heabc.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>

**Subject:** GIU for Tomorrow Morning

**Importance:** High

Hi Roy and Jacqueline,

Could you please send out the attached GIU and appendix first thing tomorrow morning. The appendix should be included in the GIU (pdf) and as a separate word document.

If you have any questions or feedback please let me know.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífwitulh (Tsleil-Waututh), and x̓w̓m̓əθ kw̓əy̓əm (Musqueam) nations.

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Page 290 of 989 to/à Page 293 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## **RE: COVID Media Request: LTC requirement for vaccination reporting delayed?**

---

**From:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Sent:** September 16, 2021 2:25:02 PM PDT

Dr. E – any concerns with this? Hoping to get it in front of Minister Dix shortly.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations.*

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 16, 2021 12:08 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Subject:** RE: COVID Media Request: LTC requirement for vaccination reporting delayed?

Looks good to me.

Brian?

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 16, 2021 9:39 AM  
**To:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Subject:** RE: COVID Media Request: LTC requirement for vaccination reporting delayed?

I would suggest the response below in red, and am copying Mark and Brian for review.

Kiersten

---

**From:** Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>  
**Sent:** September 16, 2021 9:02 AM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Subject:** RE: COVID Media Request: LTC requirement for vaccination reporting delayed?

Hi Kiersten. I just wanted to check in on this.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations.*

---

**From:** Tounsi, Marielle GCPE:EX  
**Sent:** September 15, 2021 4:13 PM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Subject:** COVID Media Request: LTC requirement for vaccination reporting delayed?

Hi Kiersten,

Dr. Emerson advised that I have you weigh in on the below media request. Hoping you can help provide an update that we can share with media asking.

**Marielle Tounsi** | Senior Public Affairs Officer – COVID-19 Media Relations  
Ministry of Health | Government Communications & Public Engagement  
Cell: (778) 584-1255  
Pronouns: she, her, hers

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations.*

**Reporter**

Justine Hunter, Reporter  
Globe and Mail - BC Bureau  
[jhunter@globeandmail.com](mailto:jhunter@globeandmail.com)  
250-381-6679 c: 250-857-4779

**Deadline** ASAP

**Request**

I have a question on the LTC requirement for vaccination reporting. I've heard that the implementation was delayed a bit, can you bring me up to speed?

**Recommendation**

s.13

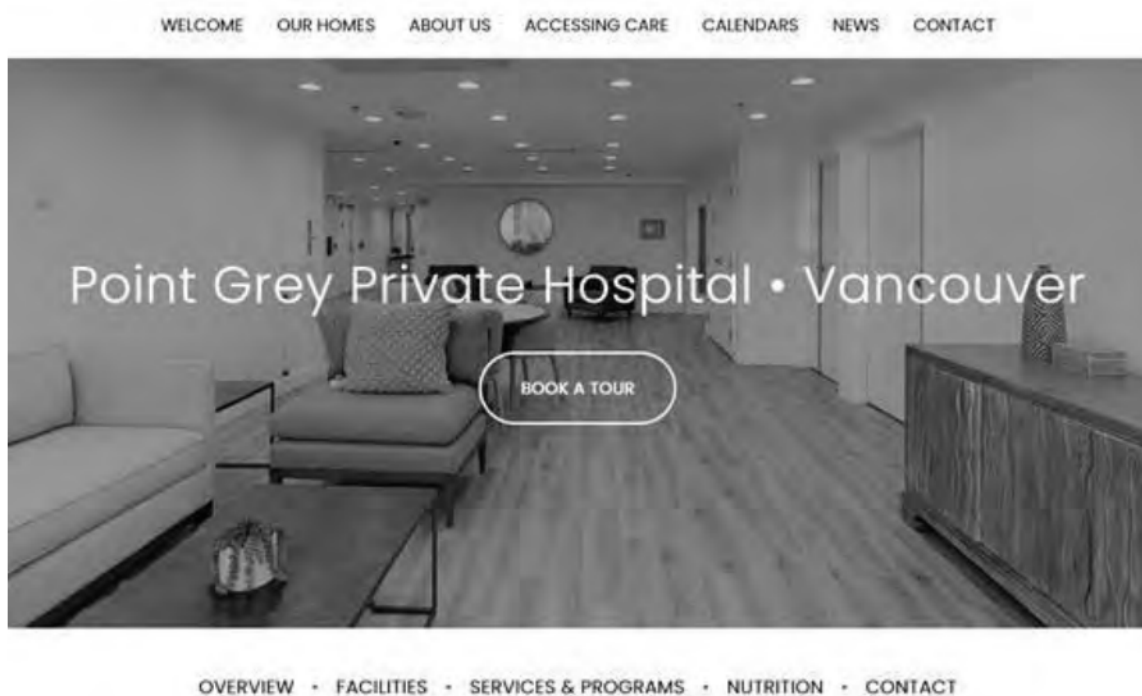
## Example of a private hospital -

---

From: Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>  
To: Lowe, Jordon HLTH:EX <Jordon.Lowe@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Rains, Derek HLTH:EX <Derek.Rains@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>, Hall, Shana A HLTH:EX <Shana.Hall@gov.bc.ca>, Estiverne, Bethany MMHA:EX <Bethany.Estiverne@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Sent: September 17, 2021 10:19:24 AM PDT  
Attachments: image003.jpg  
Hi everyone,

As discussed on the call, here is an example of a private hospital in BC:

<http://tcgcare.com/point-grey>



Brian



# Point Grey Private Hospital • Vancouver

[BOOK A TOUR](#)

## LTC Portal Update/Next Steps

From: Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
 To: Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>  
 Cc: Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>  
 Sent: September 17, 2021 4:27:55 PM PDT

Hi Peter,

Good progress today with everyone, on behalf of the team, the table below is a summary of the work completed and planned for next week. Some highlights for you:

- 74,154 valid records included in HSIAR report; 8,320 invalid records are being cleaned up by operators
- All accounts disabled at noon to reduce potential privacy concerns
- Kiersten met with HA today to provide current state; followed up with an email
- HA's have agreed to identify 1-2 users for data entry and data correction activities for HA run and private run facilities
- More detailed email going to HA's Monday to explain next steps (details below)
- Non-Compliant facilities to received email next week to comply; followed by meetings the following week with Brian

Please reach out if you have any questions

Regards,  
 Corrie

Activity	Progress – September 17 <sup>th</sup>	Status/ Target Date
<b>Daily Reporting (Martin)</b>	<ul style="list-style-type: none"> <li>• HSIAR will complete daily reporting</li> <li>• Operators will be reminded to submit daily updates</li> <li>• 74,154 valid records included in HSIAR report</li> <li>• 8,320 invalid records that need clean up and not included in report/sent back to operators to fix and resubmit (Details in table below)</li> <li>• Martin and Corrie agreed to continue with 4 point match until end of next week to maintain data integrity</li> <li>• Martin's current reporting does not include the invalid records</li> <li>• Peter can decide if he prefers Martin include the invalid records</li> </ul>	On track
<b>User Accounts</b>	<ul style="list-style-type: none"> <li>• All accounts disabled at noon to reduce potential privacy concerns</li> <li>• HA's to identify 1-2 users for data entry and data correction activities</li> <li>• MHOs/Teams will be identified and given access to the portal</li> </ul>	Account activation completed as received by HA's
<b>Communication to HA's and Private Operators</b>	<ul style="list-style-type: none"> <li>• Communication sent today to HAs and Private Operators outlining portal is down and they are to use BC Vaccine Card for operations and determining rapid testing.</li> <li>• Today Kiersten met HA's to share above communication and outline next steps, which includes a communication for Monday</li> </ul>	September 20

	<ul style="list-style-type: none"> <li>Monday – Communication to HA’s confirming the LTC Portal is (a) to support PHO reporting requirement; (b) instructions on utilizing the BC Vaccine Card to support rapid testing of staff (c) instructions on how HAs/operators can submit a list of 1-2 users to access the portal for data entry purposes (d) Request for HAs to provide a list of MHOs that will require access to the portal (e) reminder to continue to upload on an on-going basis to ensure portal is as up to date as possible</li> </ul>	
<b>Communication to Non-compliant Operators (have not reported)</b>	<ul style="list-style-type: none"> <li>HSIAR to provide a list facilities that have not submitted data to the portal</li> <li>Communication to include: <ul style="list-style-type: none"> <li>steps to submit data and request user access</li> <li>deadlines to submit first data load (ASAP)</li> <li>request to continue to upload on an on-going basis</li> </ul> </li> </ul>	September 20
<b>Follow-up meetings for non-compliant sites</b>	<ul style="list-style-type: none"> <li>Dr. Brian Emerson to assist in direct conversations with facilities that are non-compliant</li> </ul>	Target – Starting week of September 27th

Additional data:

Count	Status
74,154	Valid
3,659	Invalid - FirstName
3,093	Invalid - PHN Not Found
793	Invalid - Dob
589	Invalid - LastName
130	Invalid - Already Exists
56	Other
<b>82,474</b>	

## Re: LTC Portal Update/Next Steps

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From: Emerson, Brian P HLTH:EX  
To: Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
Cc: Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>  
Sent: September 17, 2021 6:06:05 PM PDT

Super work Corrie, Kiersten and everyone else involved, as I know there are lots of people putting in extraordinary effort on behalf of this very vulnerable population.

I commend you all and your teams for helping so much to protect our elders, loved ones and the staff caring for them.

Behind all those numbers, emails and guidance documents are real people for whom you have done a great service, and not just recently, but tirelessly for the past 20 months.

Well done and thanks again!

Brian  
Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952.1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

On Sep 17, 2021, at 4:27 PM, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca> wrote:

Hi Peter,

Good progress today with everyone, on behalf of the team, the table below is a summary of the work completed and planned for next week. Some highlights for you:

- 74,154 valid records included in HSIAR report; 8,320 invalid records are being cleaned up by operators
- All accounts disabled at noon to reduce potential privacy concerns
- Kiersten met with HA today to provide current state; followed up with an email
- HA's have agreed to identify 1-2 users for data entry and data correction activities for HA run and private run facilities
- More detailed email going to HA's Monday to explain next steps (details below)
- Non-Compliant facilities to review email next week to comply; followed by meetings the following week with Brian

Please reach out if you have any questions

Regards,  
Corrie

Activity	Progress – September 17 <sup>th</sup>	Status/ Target Date
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<b>Daily Reporting (Martin)</b>	<ul style="list-style-type: none"> <li>• HSIAR will complete daily reporting</li> <li>• Operators will be reminded to submit daily updates</li> <li>• 74,154 valid records included in HSIAR report</li> <li>• 8,320 invalid records that need clean up and not included in report/sent back to operators to fix and resubmit (Details in table below)</li> <li>• Martin and Corrie agreed to continue with 4 point match until end of next week to maintain data integrity</li> <li>• Martin's current reporting does not include the invalid records</li> <li>• Peter can decide if he prefers Martin include the invalid records</li> </ul>	On track
<b>User Accounts</b>	<ul style="list-style-type: none"> <li>• All accounts disabled at noon to reduce potential privacy concerns</li> <li>• HA's to identify 1-2 users for data entry and data correction activities</li> <li>• MHOs/Teams will be identified and given access to the portal</li> </ul>	Account activation completed as received by HA's
<b>Communication to HA's and Private Operators</b>	<ul style="list-style-type: none"> <li>• Communication sent today to HAs and Private Operators outlining portal is down and they are to use BC Vaccine Card for operations and determining rapid testing.</li> <li>• Today Kiersten met HA's to share above communication and outline next steps, which includes a communication for Monday</li> <li>• Monday – Communication to HA's confirming the LTC Portal is (a) to support PHO reporting requirement; (b) instructions on utilizing the BC Vaccine Card to support rapid testing of staff (c) instructions on how HAs/operators can submit a list of 1-2 users to access the portal for data entry purposes (d) Request for HAs to provide a list of MHOs that will require access to the portal (e) reminder to continue to upload on an on-going basis to ensure portal is as up to date as possible</li> </ul>	September 20
<b>Communication to Non-compliant Operators (have not reported)</b>	<ul style="list-style-type: none"> <li>• HSIAR to provide a list facilities that have not submitted data to the portal</li> <li>• Communication to include: <ul style="list-style-type: none"> <li>◦ steps to submit data and request user access</li> <li>◦ deadlines to submit first data load (ASAP)</li> <li>◦ request to continue to upload on an on-going basis</li> </ul> </li> </ul>	September 20
<b>Follow-up meetings for non-compliant sites</b>	<ul style="list-style-type: none"> <li>• Dr. Brian Emerson to assist in direct conversations with facilities that are non-compliant</li> </ul>	Target – Starting week of September 27th

Additional data:

Count	Status
74,154	Valid
3,659	Invalid - FirstName
3,093	Invalid - PHN Not Found
793	Invalid - Dob

589	Invalid - LastName
130	Invalid - Already Exists
56	Other
<b>82,474</b>	

## RE: LTC and AL update - tomorrow

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**From:** Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
**To:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>, Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>  
**Sent:** September 20, 2021 4:23:15 PM PDT

We're certainly doing that Aileen but for speaking notes for the Minister on overall implementation of the Order I'd connect with Brian Emerson who is the PHO Lead. Martin.

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**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>

**Sent:** September 20, 2021 4:02 PM

**To:** Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>

**Subject:** RE: LTC and AL update - tomorrow

Ok. I will pass this along to Peter and Stephen to brief the Minister.

In the meantime, what can we say at a high-level about the current state of implementation of the vaccine requirement? This is for his speaking notes due end of day today.

Perhaps – we continue to work with LTC/AL facilities to verify vaccination status of workers, volunteers and service providers. We will be able to share progress numbers in the next couple of weeks?

Thank you Martin.

---

**From:** Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>

**Sent:** September 20, 2021 3:58 PM

**To:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>

**Subject:** RE: LTC and AL update - tomorrow

We won't be providing numbers today Aileen. The data collection tool was suspended on Friday to allow facilities to consolidate their access profiles to safeguard staff and resident privacy. The plan is to restart this week I believe, Corrie can confirm the date.

Once the tool is up and we're receiving data once again we'll provide daily progress reports internally. Because many LTC/AL facilities are yet to report and are expected to do so over the next week or so, I suggest, for the moment, that we go to the Minister with this information via Steve and Peter to enable them to speak to context and interpretation of the vaccination rates of residents compared with those of the general seniors population. Please feel free to call me if you'd like to discuss.

Martin.

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**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>

**Sent:** September 20, 2021 3:42 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>

**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>

**Subject:** RE: LTC and AL update - tomorrow

Hi Kiersten,

Checking in to see if HSIAR will be providing info today?

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**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** September 20, 2021 12:36 PM

**To:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>

**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>

**Subject:** RE: LTC and AL update - tomorrow

Thanks Aileen, that is helpful. Looping in Martin as HSIAR staff are working on the data coming in from the PHO orders around vaccination in LTC/AL.

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**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>

**Sent:** September 20, 2021 12:28 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>

**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>

**Subject:** RE: LTC and AL update - tomorrow

Adding my boss Jeff who may have more info on what specifically we are looking for.

I think we mainly want an update on how the vaccine requirement implementation is going.

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**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** September 20, 2021 12:09 PM

**To:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>

**Cc:** Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>

**Subject:** RE: LTC and AL update - tomorrow

I think we will need additional clarity on what is being asked for in terms of update for LTC/AL. We further eased visitor restrictions in July and at the same time announced parameters to resume volunteer services, while requiring all volunteers and personal service providers to be fully vaccinated. Other than that, I can't think of what "measures" were announced in the summer that the Minister would be looking for update on implementation/impact.

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**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>

**Sent:** September 20, 2021 11:16 AM

**To:** Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>

**Cc:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>

**Subject:** Re: LTC and AL update - tomorrow

Great, thank you!

Aileen Machell  
Communications Director, Health Communications  
250-361-5381

On Sep 20, 2021, at 11:14 AM, Anderson, Kristy HLTH:EX <[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)> wrote:

Hi Aileen - looping in Kiersten and Holly here as well as Ross.  
Between us we will get you what you need. Also if you always include Holly in ADM requests we know she will find us and make sure it gets done.

Cheers,

**Kristy Anderson**

Executive Director, Access and Wait Times  
Health Services Division, Ministry of Health  
(250) 952-3387 (desk)  
(250) 920-6324 (cell)  
[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)

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**From:** Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>  
**Sent:** September 20, 2021 11:10 AM  
**To:** Anderson, Kristy HLTH:EX <[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)>  
**Subject:** FW: LTC and AL update - tomorrow

Hi Kristy!

I see you are on Ross' out of office for ADM matters. This is the other topic the MO has asked to address at the media avail tomorrow. Who would be best to provide an update?

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**From:** Machell, Aileen GCPE:EX  
**Sent:** September 20, 2021 11:01 AM  
**To:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>  
**Cc:** Moulton, Holly HLTH:EX <[Holly.Moulton@gov.bc.ca](mailto:Holly.Moulton@gov.bc.ca)>; Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>  
**Subject:** LTC and AL update - tomorrow

Hello,

The Minister and Dr. Henry are holding a media availability tomorrow on a number of COVID-19 topics. Would it be possible to get an update on the measures announced in the summer to protect people in LTC and AL? Where are the measures at in the implementation process, and what impact have we seen?

Let me know if there's someone else I should reach out to on this.

Thanks!

**Aileen Machell** (she/her)  
Communications Director  
Health Communications  
250-361-5381

## RE: LTC points for Minister speaking notes

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From: Emerson, Brian P HLTH:EX  
To: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
Cc: Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>, Armitage, Mark W <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>  
Sent: September 20, 2021 4:55:27 PM PDT

Hi Aileen.

That is a good start, but would be good to separated what we are doing from what LTC/AL facilities are doing. Here are some bullet suggestions, and copying Kiersten and Mark who might have more to add/modify:

- MoH is working with LTC/AL facilities to verify the vaccination status of residents and people who work in facilities (does not include volunteers). Once data on vaccination status in this sector is available MoH will report on it, as appropriate, while respecting privacy and confidentiality.
- Facilities are in the process of verifying the vaccination status of people who work in facilities.
- Facilities are implementing rapid testing at every shift of those who are not vaccinated.
- Staff continue to wear masks at all times.
- Staff have been informed of the requirement to be fully vaccinated by October 12.
- MoH and the PHO are working with employers and unions on how staff who refuse to be vaccinated, or cannot due to contraindications, will be managed once the vaccination deadline of October 12 comes.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C 25.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
**Sent:** September 20, 2021 4:26 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
**Subject:** LTC points for Minister speaking notes

Hi Dr. Emerson,

We are working on Minister's speaking notes for tomorrow. We had hoped to provide an update on the progress of the vaccine requirement in LTC, but Martin Wright says it's not ready. He suggested I reach out to you for a few points we can say at a high-level about the current state of implementation of the vaccine requirement.

Perhaps – we continue to work with LTC/AL facilities to verify vaccination status of workers, volunteers and service providers. We will be able to share progress numbers in the next couple of weeks?

Let me know if you have advice. Thanks!

**Aileen Machell** (she/her)  
Communications Director  
Health Communications  
250-361-5381



## URGENT - Communication to LTC\_AL Operators re Portal Access and Rapid Testing

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
Cc: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
Sent: September 20, 2021 9:04:32 PM PDT  
Attachments: Communication to LTC\_AL Operators Sept 20 2021 (003).docx  
Good Evening,

SSB staff have worked with your teams (including HEABC) to draft the attached correspondence obo of the Ministry for HAs to send to LTC and AL facilities. You will see there is a draft for facilities who have submitted to the portal and one for those not yet reporting. The draft communications address the following issues:

- Compliance with the PHO Order – require those operators who have not submitted information to the portal to take action immediately to request user access and submit resident and staff information
- Limiting User Access to 1-2 individuals per facility who require access for the sole purposes identified
- Use of the BC Vaccine Card to verify vaccination status for the purpose of rapid testing unvaccinated staff

Given the overlap in accountabilities, I think it's important to obtain sign off from IMIT, HSWBS and PHO prior to distributing this to HAs. Once approved, I would suggest the attached be sent via email from Mark to HA VPs of HR and HCC with the request for them to communicate to operators as quickly as possible. We can discuss any questions/concerns at our meeting tomorrow morning.

Thank you,  
Kiersten

**Kiersten Fisher** (she/her)  
Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples  
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Page 309 of 989 to/à Page 310 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: URGENT - Communication to LTC\_AL Operators re Portal Access and Rapid Testing

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**From:** Emerson, Brian P HLTH:EX  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, mattp@heabc.bc.ca, Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
**Sent:** September 21, 2021 8:23:18 AM PDT  
**Attachments:** Communication to LTC\_AL Operators Sept 20 2021 BE.docx  
Hi Kiersten.

Just a couple edits from me, and a flag that questions about use of paper vaccination records provided by health authorities or pharmacists might come up. The PHO proof of vaccination orders for the public allow for presentation of paper records issued by health authorities or pharmacies to enter premises and events until Sept 26.

Given that we do not compel use of the BC Vaccine Card in facilities, and I am not sure if facilities are already accepting paper records, latitude might need to given to presentation of paper records. Perhaps HEABC should weigh in as I do not recall whether this option was mentioned in the GIU.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 21, 2021 7:54 AM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; 'Dave Hanacek' <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
**Subject:** RE: URGENT - Communication to LTC\_AL Operators re Portal Access and Rapid Testing

Thanks Kiersten, the draft communiques look good to me.

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** September 20, 2021 9:05 PM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; 'Dave Hanacek' <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
**Subject:** URGENT - Communication to LTC\_AL Operators re Portal Access and Rapid Testing

Good Evening,

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Given the overlap in accountabilities, I think it's important to obtain sign off from IMIT, HSWBS and PHO prior to distributing this to HAs. Once approved, I would suggest the attached be sent via email from Mark to HA VPs of HR and HCC with the request for them to communicate to operators as quickly as possible. We can discuss any questions/concerns at our meeting tomorrow morning.

Thank you,  
Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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Withheld pursuant to/removed as

s.13 ; s.17

**RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)**

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>, Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>  
Sent: September 22, 2021 2:45:06 PM PDT  
Attachments: Communication to LTC\_AL Operators Sept 20 2021 BE CB (002) (002).docx, Mandatory Vaccination in LTC - Overview of Challenges.docx

Hi Mark,

I understand there to be an immediate need to follow-up with non compliant facilities (those who have not yet submitted any information to the Portal), and as such I would like to propose that my team proceed with communication to the HAs (LTC program leads who will be working with Licensing) to provide a list of non-compliant facilities in their region and the template communication for them to send to operators. You will see in the attached template communication (**DRAFT Communication to LTC and AL sites NOT currently reporting into the Portal**)<sup>s.13; s.17</sup>  
s.13; s.17

We may receive questions about, or user access requests from, third party contracted providers, but I think we should deal with those as they arise s.13; s.17 noting there is a need to get more facilities reporting into the Portal to enable the Minister to report out next week.

Regarding reinstating access for existing users<sup>s.13; s.17</sup>, the draft communication is also attached, but given the back and forth with HEABC last night, I will defer to you regarding next steps. Ross and I did have a brief conversation about the problem(s) and options, noting there are a number of issues at play and it may warrant further discussion. For what it's worth, and I'm not sure if this is helpful but hope it doesn't further confuse things, I have laid out the current stat as best I can in the attached (and apologies to my IMIT and HSIAR colleagues if any of this is not totally accurate) and identified what I think are the 2 potential options – **amend the order or "fix" the portal.**

Please let me know if you approve of communicating out to non-compliant sites now and how you would like to proceed with direction and access to the portal for existing sites.

Thanks,  
Kiersten

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 21, 2021 7:26 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Mark, please see below (I meant to include you).

Matt

---

**From:** Matt Prescott

**Sent:** Tuesday, September 21, 2021 6:55 PM

**To:** 'Fisher, Kiersten D HLTH:EX' <Kiersten.Fisher@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>

**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

**Importance:** High

Privileged & Confidential

Hi Kiersten and Mark,

s.13; s.17

The current Vaccination Status Order states:

C. EMPLOYERS MUST:

1. Subject to section 4, provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to me, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information by September 8, 2021, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.
  
2. Subject to section 4, collect the following information from new staff, and provide this information to me, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence; and
  - d. the date the new staff member begins to work at the facility.

3. Provide the date on which a staff member ceases to work in a facility to me, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.

4. Despite section 1 (c), if an employer provides a staff member's street address, postal code and city of residence, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the employer must collect the staff member's personal health number from the staff member, and provide it to me, at my request into the data entry portal, or as directed by me.

s.13; s.17

I can be available for a call tonight or early this morning if it would be helpful.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífwitulh (Tsleil-Waututh), and x̓wm̓əθ kw̓əy̓əm (Musqueam) nations.

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>

**Sent:** Tuesday, September 21, 2021 5:13 PM

**To:** Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>

**Subject:** For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

Draft communications attached with new language requiring review highlighted in yellow. I spoke to Mark and his preferred approach is to have the contracted providers provide the information for staff working in a facility to the operator who will then be accountable to upload it to the portal and communicate vaccination status back to the contracted provider. It's not perfect, but considered the best option. Let me know if you feel strongly that this should be removed and discussed further (so much discussing). Otherwise, let me know your feedback, if any, by 9AM please.

Mark will be speaking to this on Sector call tomorrow morning and then we will push out the formal communication.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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Page 319 of 989 to/à Page 323 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## **RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)**

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.B Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>, Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>  
Sent: September 22, 2021 3:03:18 PM PDT  
Hi Kiersten,

Thanks to you and everyone for all the work on the issues and draft communiques.

In short,

- Yes, please proceed with sending the email to the non-compliant facilities
- s.13; s.17

Let me know if you think that would work as an interim step.

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 22, 2021 2:45 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.B Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>  
**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)  
**Importance:** High

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**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

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Matt

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**Sent:** Tuesday, September 21, 2021 6:55 PM

**To:** 'Fisher, Kiersten D HLTH:EX' <Kiersten.Fisher@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>

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**Importance:** High

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s.13; s.17

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I can be available for a call tonight or early this morning if it would be helpful.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ulh (Tseil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓əm (Musqueam) nations.

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** Tuesday, September 21, 2021 5:13 PM  
**To:** Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>  
**Subject:** For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

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Mark will be speaking to this on Sector call tomorrow morning and then we will push out the formal communication.

Kiersten

**Kiersten Fisher** (she/her)  
Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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## **Impending Potential Staff Shortages at Long Term Care & Assisted Living Facilities - Mandatory Vaccination Implementation**

---

From: Emerson, Brian P HLTH:EX  
To: Galt, Jamie HLTH:EX <Jamie.Galt@gov.bc.ca>, Lavery, John <John.Lavery@phsa.ca>  
Sent: September 22, 2021 4:58:06 PM PDT  
Hi John and Jamie.

I am not sure you are aware but implementation, effective October 12, of mandatory staff COVID-19 vaccination in LTC and AL could result in challenging staff shortages in some locations, and need for emergency type measures. This is of enough concern that VCH has established an EOC to plan and support implementation.

Further to discussions with VCH, Bonnie and ADMs responsible (Mark Armitage and Ross Hayward) we think it would be prudent for the other health authorities to establish EOCs to prepare for this, and HEMBC and the EMU could assist in playing a supporting/coordinating role.

This issue will be repeated when we come to implementing the health system wide mandatory vaccination program as of October 26, so might need these structures/planning to help with that transition as well.

Perhaps this is on your radar already, but if not, something to think about and let me know if you have any questions.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## RE: Impending Potential Staff Shortages at Long Term Care & Assisted Living Facilities - Mandatory Vaccination Implementation

---

From: Emerson, Brian P HLTH:EX  
To: Lavery, John [PHSA] <john.lavery@phsa.ca>, Galt, Jamie HLTH:EX <Jamie.Galt@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Armitage, Mark W <Mark.Armitage@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>  
Sent: September 22, 2021 6:07:21 PM PDT

Thanks John.

Bonnie and others, FYI, HEMBC through John has been looped in.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Lavery, John [PHSA] <john.lavery@phsa.ca>  
**Sent:** September 22, 2021 5:59 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Galt, Jamie HLTH:EX <Jamie.Galt@gov.bc.ca>  
**Subject:** Impending Potential Staff Shortages at Long Term Care & Assisted Living Facilities - Mandatory Vaccination Implementation

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian, thanks for your email and heads up. I know that our teams across the province are engaged in planning for this through the existing response structures, including with VCH.

I will verify the current plans across my team and will look at what should be put in place provincially for monitoring, reporting, and assisting with problem solving.

I'll keep you posted on what I learn and what our plans are going forwards.

My best,

John

John Lavery  
Executive Director  
Health Emergency Management BC  
Mobile: 604-362-8326

On Sep. 22, 2021 4:58 p.m., "Emerson, Brian P HLTH:EX" <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:  
**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and **do not** open attachments or click on links.

---

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I am not sure you are aware but implementation, effective October 12, of mandatory staff COVID-19 vaccination in LTC and AL could result in challenging staff shortages in some locations, and need for

emergency type measures. This is of enough concern that VCH has established an EOC to plan and support implementation.

Further to discussions with VCH, Bonnie and ADMs responsible (Mark Armitage and Ross Hayward) we think it would be prudent for the other health authorities to establish EOCs to prepare for this, and HEMBC and the EMU could assist in playing a supporting/coordinating role.

This issue will be repeated when we come to implementing the health system wide mandatory vaccination program as of October 26, so might need these structures/planning to help with that transition as well.

Perhaps this is on your radar already, but if not, something to think about and let me know if you have any questions.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



**RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)**

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>, Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>  
Sent: September 22, 2021 9:26:03 PM PDT  
Attachments: Communication to LTC\_AL Operators Sept 20 2021 BE CB HEABC.docx, Mandatory Vaccination in LTC - Overview of Challenges HEABC.docx

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Privileged & Confidential

Hi Mark and Kiersten,

s.13; s.17

Let me know if you would like to arrange a call in the morning.

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífwitulh (Tsleil-Waututh), and x̓wm̓əθ kwəy̓əm (Musqueam) nations.

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---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Sent:** Wednesday, September 22, 2021 3:03 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.B Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>

**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

Hi Kiersten,

Thanks to you and everyone for all the work on the issues and draft communiques.

In short,

- Yes, please proceed with sending the email to the non-compliant facilities
- s.13; s.17

Let me know if you think that would work as an interim step.

Thanks

Mark

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** September 22, 2021 2:45 PM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Barclay, Corrie A

HLTH:EX <Corrie.Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Cook, Heather G HLTH:EX <Heather.G.Cook@gov.bc.ca>; Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>

**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

**Importance:** High

Hi Mark,

I understand there to be an immediate need to follow-up with non compliant facilities (those who have not yet submitted any information to the Portal), and as such I would like to propose that my team proceed with communication to the HAs (LTC program leads who will be working with Licensing) to provide a list of non-compliant facilities in their region and the template communication for them to send to operators. You will see in the attached template communication (**DRAFT Communication to LTC and AL sites NOT currently reporting into the Portal**), s.13; s.17 s.13; s.17 . We

may receive questions about, or user access requests from, third party contracted providers, but I think we should deal with those as they arise s.13; s.17 , noting there is a need to get more facilities reporting into the Portal to enable the Minister to report out next week.

Regarding reinstating access for existing users s.13; s.17 , the draft communication is also attached, but given the back and forth with HEABC last night, I will defer to you regarding next steps. Ross and I did have a brief conversation about the problem(s) and options, noting there are a number of issues at play and it may warrant further discussion. For what it's worth, and I'm not sure if this is helpful but hope it doesn't further confuse things, I have laid out the current stat as best I can in the attached (and apologies to my IMIT and HSIAR colleagues if any of this is not totally accurate) and identified what I think are the 2 potential options – **amend the order or "fix" the portal**.

Please let me know if you approve of communicating out to non-compliant sites now and how you would like to proceed with direction and access to the portal for existing sites.

Thanks,  
Kiersten

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 21, 2021 7:26 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>

**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

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Mark, please see below (I meant to include you).

Matt

---

**From:** Matt Prescott

**Sent:** Tuesday, September 21, 2021 6:55 PM

**To:** 'Fisher, Kiersten D HLTH:EX' <Kiersten.Fisher@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Cc:** Emerson, Brian P HLTH:EX (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>

**Subject:** RE: For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

**Importance:** High

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Hi Kiersten and Mark,

s.13; s.17

The current Vaccination Status Order states:

C. EMPLOYERS MUST:

1. Subject to section 4, provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to me, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information by September 8, 2021, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence.
  
2. Subject to section 4, collect the following information from new staff, and provide this information to me, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as directed by me:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number, or the staff member's street address, postal code and city of residence; and
  - d. the date the new staff member begins to work at the facility.
  
3. Provide the date on which a staff member ceases to work in a facility to me, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
  
4. Despite section 1 (c), if an employer provides a staff member's street address, postal code and city of residence, and the Minister of Health is unable to provide me with the staff member's personal health number from the Enterprise Master Patient Index, the employer must collect the staff member's personal health number from the staff member, and provide it to me, at my request into the data entry portal, or as directed by me.

s.13; s.17

I can be available for a call tonight or early this morning if it would be helpful.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** Tuesday, September 21, 2021 5:13 PM  
**To:** Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>  
**Subject:** For Review - Communication to LTC\_AL Operators Sept 20 2021 BE CB (002)

Draft communications attached with new language requiring review highlighted in yellow. I spoke to Mark and his preferred approach is to have the contracted providers provide the information for staff working in a facility to the operator who will then be accountable to upload it to the portal and communicate vaccination status back to the contracted provider. It's not perfect, but considered the best option. Let me know if you feel strongly that this should be removed and discussed further (so much discussing). Otherwise, let me know your feedback, if any, by 9AM please.

Mark will be speaking to this on Sector call tomorrow morning and then we will push out the formal communication.

Kiersten

**Kiersten Fisher** (she/her)  
Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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Page 337 of 989 to/à Page 341 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: LTC/AL Vaccination Portal - Data Access

---

**From:** Emerson, Brian P HLTH:EX  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 23, 2021 6:05:53 PM PDT

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must
  - a. collect PHN from employee and provide that, with name and date of birth, to facility operators.
  - b. verify that the PHN is correct, by looking at the number on the BC Care Card.
  - c. provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
  - d. ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator
2. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.
3. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.
4. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health."

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

-----Original Appointment-----

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Sent:** September 23, 2021 1:57 PM

**To:** Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

**Subject:** LTC/AL Vaccination Portal - Data Access

**When:** September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

**Where:** Microsoft Teams Meeting

Hi folks,



Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

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---

## RE: LTC/AL Vaccination Portal - Data Access

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
Sent: September 23, 2021 10:26:59 PM PDT

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Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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-----Original Message-----

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Sent: Thursday, September 23, 2021 9:32 PM  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>  
Subject: Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?

s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12. s.13; s.17  
s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17
  - \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
  - \* verify that the PHN is correct, by looking at the number on the BC Care Card.
  - \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
  - \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health.”

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

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s.15; s.17

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## RE: LTC/AL Vaccination Portal - Data Access

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
Sent: September 24, 2021 7:11:13 AM PDT

Thank you both. See my responses below in purple.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 23, 2021 10:27 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tsleil-Waututh), and x̓w̓m̓ə̓θ̓ kw̓əy̓ə̓m (Musqueam) nations.

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From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
Sent: Thursday, September 23, 2021 9:32 PM  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>

Subject: Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?

s.13; s.14

BE: Yes, only for contractors. Good suggestion about adding terms about staff producing their vaccine card.

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12

s.13; s.17

BE: I see your point. This is probably not necessary as we are expecting the operator to be checking vaccine status, so will drop this instruction.

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must

s.13; s.17

BE: Will pass this along to Fiona.

\* collect PHN from employee and provide that, with name and date of birth, to facility operators.

\* verify that the PHN is correct, by looking at the number on the BC Care Card.

\* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works

\* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

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1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health."

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C s.17

F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

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Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.15; s.17

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## RE: LTC/AL Vaccination Portal - Data Access

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Sent: September 24, 2021 9:26:57 AM PDT  
One more point from our meeting yesterday

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

I want to confirm what I think I heard in terms of next steps re the Portal following our meeting last night. Please let me know if this does not reflect our discussion.

- Brian will share the amended PHO with the group prior to posting and advise once it is posted
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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks Kiersten, Brian and Matt; I don't have any additional comments.

M

W. Mark A. Armitage MPA BSW

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 23, 2021 10:27 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

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Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

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Prescott <MattP@heabc.bc.ca>

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s.13; s.17

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s.13; s.17

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s.13; s.14

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Brian

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Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

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To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

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Where: Microsoft Teams Meeting

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Thanks

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Microsoft Teams meeting

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s.15; s.17

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## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

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From: Emerson, Brian P HLTH:EX  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
Sent: September 24, 2021 5:03:55 PM PDT  
Attachments: Vaccination Status Information Order Sept. 24 consult.docx

Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

However I think I might have lost a bit of the plot here, as this seems to come across as a new requirement for contractors to provide PHN etc to facility operators, when they have already provided information about their staff into the portal. Seems like we need specify which employees of contractors information needs to be provided to operators under this amended order. Are we just talking about new employees of contractors?

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

One more point from our meeting yesterday

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Kiersten

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Chris [PHSA] <chris.carvalho@phsa.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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M

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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s.13; s.17

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

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T 250.952.1701 C s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

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Page 360 of 989 to/à Page 383 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

---

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To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
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Sent: September 25, 2021 4:10:35 PM PDT  
Attachments: Vaccination Status Information Order Sept. 24 consult - MP edits.docx

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Hi Brian,

Thanks for the opportunity to review the draft amendments. I've included a few comments and one proposed edit in the attached document for consideration.

s.13; s.17

Let me know if you'd like to discuss or have questions.

Thanks,  
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Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295

Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

s.13

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

One more point from our meeting yesterday

- Martin confirmed that matching with PIR can and should be done with PHN and not require the 4 point authentication, which will allow HSIAR to resolve the majority of the data errors. Martin to confirm with Corrie.

Kiersten

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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

I want to confirm what I think I heard in terms of next steps re the Portal following our meeting last night. Please let me know if this does not reflect our discussion.

- Brian will share the amended PHO with the group prior to posting and advise once it is posted
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→SSB and IMIT to connect re who can review user list to identify these third party contractors
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**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks Kiersten, Brian and Matt; I don't have any additional comments.

M

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

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**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
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Cc: Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
Subject: Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?  
s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12.  
s.13; s.17

s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17

- \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
- \* verify that the PHN is correct, by looking at the number on the BC Care Card.
- \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
- \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health."

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.15; s.17

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Page 390 of 989 to/à Page 413 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 27, 2021 9:09:42 AM PDT  
Attachments: Vaccination Status Information Order Sept. 24 consult - MP edits.docx  
Hi Brian,

Apologies for the delay in reviewing the Order. I agree with the comments from Matt and have also made some comments in the attached. Looping in Chris and Meghan, as I don't think the functionality in the Portal will support some of what is in the updated Order. Let me know if we need to pull together a quick call.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 25, 2021 4:11 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
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**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

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Hi Brian,

Thanks for the opportunity to review the draft amendments. I've included a few comments and one proposed edit in the attached document for consideration.

s.13; s.17

Regarding the question raised in Ross's email this morning, the order is clear that staff who were hired before September 14 must have received both doses of vaccine by October 11. It is only staff who were/are hired after

September 13 and before October 12 who may continue working subject to testing if they have only had one dose, with up to 35 days additional days to receive their second dose. s.13; s.17  
s.13; s.17

It's obviously positive that HAs are reporting some current staff are now choosing to get vaccinated. s.13; s.17  
s.13; s.17

s.13; However, to inform decision making on this I will point out that:

- Staff who recently received Dose 1 and missed the September 13 deadline by only a few days will not be out of work for long after October 11, assuming they also promptly receive Dose 2. They will be eligible to work again 7 days after Dose 2.

• s.13; s.17

Let me know if you'd like to discuss or have questions.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
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Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

s.13; s.17

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

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s.13; s.17

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Vice President, Legal Services, Negotiations & Labour Relations  
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Subject: Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?

s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12. s.13; s.14

s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17

- \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
- \* verify that the PHN is correct, by looking at the number on the BC Care Card.
- \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
- \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health.”

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.15; s.17

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## **DRAFT Communication to LTC and AL sites currently reporting into the Portal**

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>  
Cc: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 27, 2021 9:23:08 AM PDT

Good Morning,

For your review, below is the draft communication to operators who have already submitted to the portal regarding re-instating user access and the amendments to the Order re flow of information from third party contracted providers and use of the BC Vaccine Card for rapid testing. The communication assumes the updated Order will be posted today (will update when it goes live) and changes from the previous draft are highlighted in yellow. Thought it worth running this by you now while we await the final draft of the amended Order. Please let me know if you have any concerns.

Thanks,  
Kiersten

s.13; s.17

Thank you for your prompt attention to the required actions and updates outlined in this communication. We appreciate your ongoing efforts to ensure the safety of residents and staff.

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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## List of facilities covered by Vaccination Status Information Order & Single Site Order

---

From: Emerson, Brian P HLTH:EX  
To: Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 27, 2021 1:49:33 PM PDT  
Attachments: Provincial MH facilities.pdf

Hi Kiersten, Meghan or Evan.

Do you have list of facilities covered by these two orders?

As you know they were directed to “Provincial Mental Health Facilities” and I am wanting to confirm that the facilities on the list (attached) we captured by implementation of the orders. I have a feeling some might have been missed but wanting to double check to make sure we do not miss them with the broader order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**DESIGNATIONS UNDER THE *MENTAL HEALTH ACT* [s 3(1), (2)]**  
Made by Ministerial Order M 393/2016 unless otherwise stated.

SCHEDULE A

**Facilities Designated as Provincial Mental Health Facilities under section 3(1)**

The Alder Unit, Vancouver  
Arbutus Place, Langley  
Burnaby Centre for Mental Health and Addiction, Burnaby  
Cara Centre, Kelowna  
Connolly Lodge Coquitlam  
Cottonwood Lodge, Coquitlam  
Cowichan Lodge, Duncan  
Cypress Lodge, Coquitlam  
Forensic Psychiatric Institute, Port Coquitlam  
Harbour House, Trail  
Hillside Centre, Kamloops  
Iris House, Prince George  
Jack Ledger House, Victoria  
Maples Adolescent Treatment Centre, Burnaby  
Provincial Assessment Centre for Community Living Services, Burnaby  
Riverview Hospital, Port Coquitlam  
Seven Oaks Tertiary Mental Health Facility, Victoria  
Seven Sisters Residence, Terrace  
South Hills Centre, Kamloops  
Sumac Place, Gibsons  
Tamarack Cottage, Cranbrook  
Timber Creek, Surrey  
Willow Pavilion, Vancouver  
Youth Forensic Psychiatric Services Inpatient Assessment Unit, Burnaby

## SCHEDULE B

### **Hospitals Designated as Psychiatric Units under section 3(2)**

Abbotsford Regional Hospital and Cancer Centre, Abbotsford  
British Columbia's Children's Hospital, Vancouver  
British Columbia's Women's Hospital and Health Care Centre, Vancouver  
Burnaby Hospital, Burnaby  
Chilliwack General Hospital, Chilliwack  
Cowichan District Hospital, Duncan  
Dawson Creek and District Hospital, Dawson Creek  
East Kootenay Regional Hospital, Cranbrook  
Fort St. John General Hospital, Fort St. John  
G.F. Strong Centre, Vancouver  
Kelowna General Hospital, Kelowna  
Kootenay Boundary Regional Hospital, Trail  
Langley Memorial Hospital, Langley  
Lions Gate Hospital, North Vancouver  
Mills Memorial Hospital, Terrace  
Mount Saint Joseph Hospital, Vancouver  
Nanaimo Regional General Hospital, Nanaimo  
Peace Arch District Hospital, White Rock  
Penticton Regional Hospital, Penticton  
Powell River General Hospital, Powell River  
Prince Rupert Regional Hospital, Prince Rupert  
Regional Treatment Centre (Pacific), Abbotsford  
Ridge Meadows Hospital and Health Care Centre, Maple Ridge  
Royal Columbian Hospital, New Westminster  
Royal Inland Hospital, Kamloops  
Royal Jubilee Hospital, Victoria  
Sechelt Hospital/shíshálh Hospital, Sechelt  
St. Joseph's General Hospital, Comox  
St. Paul's Hospital, Vancouver  
Surrey Memorial Hospital, Surrey  
The Richmond Hospital, Richmond  
The Gorge Road Hospital, Victoria  
U.B.C. Health Sciences Centre Hospital, Vancouver  
The University Hospital of Northern British Columbia, Prince George  
Vancouver General Hospital, Vancouver  
Vernon Jubilee Hospital, Vernon  
Victoria General Hospital, Victoria  
West Coast General Hospital, Port Alberni

SCHEDULE C

**Hospitals Designated as Observation Units under section 3(2)**

Boundary Hospital, Grand Forks  
Bulkley Valley District Hospital, Smithers  
Fort Nelson General Hospital, Fort Nelson  
G.R. Baker Memorial Hospital, Quesnel  
Kitimat General Hospital, Kitimat  
Kootenay Lake Hospital, Nelson  
Lady Minto Gulf Islands Hospital, Salt Spring Island  
Lakes District Hospital and Health Centre, Burns Lake  
Port McNeill and District Hospital, Port McNeill  
Wrinch Memorial Hospital, Hazelton

Updated: October 4, 2016

## Employment Consequences for Unvaccinated Employees

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Sent: September 27, 2021 3:53:07 PM PDT  
Attachments: 2021 09 27 BN re Employer Response to Non-Compliance with PHO Order.docx

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Hi Mark,

Further to our call yesterday, we've prepared the attached BN that outlines s.13; s.17

As discussed it would be helpful if we can have a call to discuss the BN and next steps tomorrow. Let me know if you have any availability to fit this in and we'll try to work around your schedule.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 27, 2021 8:47:28 PM PDT  
Attachments: Vaccination Status Information Order Sept. 24 consult - MP edits.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *sk̓wx̓wú7mesh* (Squamish), *sel̓il̓wítulh* (Tseil-Waututh), and *xwməθ kwəy'əm* (Musqueam) nations.

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Monday, September 27, 2021 9:10 AM  
**To:** Matt Prescott <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Hi Brian,

Apologies for the delay in reviewing the Order. I agree with the comments from Matt and have also made some comments in the attached. Looping in Chris and Meghan, as I don't think the functionality in the Portal will support some of what is in the updated Order. Let me know if we need to pull together a quick call.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** September 25, 2021 4:11 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

Thanks for the opportunity to review the draft amendments. I've included a few comments and one proposed edit in the attached document for consideration.

s.13; s.17

Regarding the question raised in Ross's email this morning, the order is clear that staff who were hired before September 14 must have received both doses of vaccine by October 11. It is only staff who were/are hired after September 13 and before October 12 who may continue working subject to testing if they have only had one dose, with up to 35 days additional days to receive their second dose. s.13; s.17

s.13; s.17

It's obviously positive that HAs are reporting some current staff are now choosing to get vaccinated. s.13; s.17

s.13; s.17

Let me know if you'd like to discuss or have questions.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Friday, September 24, 2021 5:04 PM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

s.13; s.17

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>

**Sent:** September 24, 2021 9:27 AM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; 'Carvalho, Chris [PHSA]' <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

One more point from our meeting yesterday

- Martin confirmed that matching with PIR can and should be done with PHN and not require the 4 point authentication, which will allow HSIAR to resolve the majority of the data errors. Martin to confirm with Corrie.

Kiersten

---

**From:** Fisher, Kiersten D HLTH:EX

**Sent:** September 24, 2021 9:00 AM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

I want to confirm what I think I heard in terms of next steps re the Portal following our meeting last night. Please let me know if this does not reflect our discussion.

- Brian will share the amended PHO with the group prior to posting and advise once it is posted
- Once the amended PHO Order is posted, IMIT will reactivate user access for all users, with the exception of those who are obviously third party contractors, access for these users will remain suspended  
→SSB and IMIT to connect re who can review user list to identify these third party contractors
- SSB will revise the communication to operators to indicate that the portal is back up and running, request confirmation of 1-2 users who require access to meet requirements of the order, confirm process for third party contractors to submit their staff information to operators for uploading
- SSB will share updated draft communication with the group for review prior to disseminating to HAs and sector associations

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** September 24, 2021 7:28 AM

**To:** 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks Kiersten, Brian and Matt; I don't have any additional comments.

M

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 23, 2021 10:27 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>;  
Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífw̓it̓ulh (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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-----Original Message-----

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Thursday, September 23, 2021 9:32 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>;  
Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>; Matt  
Prescott <MattP@heabc.bc.ca>  
**Subject:** Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?

s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12. s.13; s.17  
s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17
  - \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
  - \* verify that the PHN is correct, by looking at the number on the BC Care Card.
  - \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
  - \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health.”

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.15; s.17

---

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Page 436 of 989 to/à Page 459 of 989

Withheld pursuant to/removed as

s.13 ; s.17



## **RE: DRAFT Communication to LTC and AL sites currently reporting into the Portal**

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
Cc: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 27, 2021 9:07:07 PM PDT

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Hi Kiersten,

s.13; s.17

I've proposed an edit below highlighted in green.

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Monday, September 27, 2021 9:23 AM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>  
**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** DRAFT Communication to LTC and AL sites currently reporting into the Portal  
**Importance:** High

Good Morning,

For your review, below is the draft communication to operators who have already submitted to the portal regarding re-instating user access and the amendments to the Order re flow of information from third party contracted providers and use of the BC Vaccine Card for rapid testing. The communication assumes the updated Order will be posted today (will update when it goes live) and changes from the previous draft are highlighted in yellow. Thought it worth running this by you now while we await the final draft of the amended Order. Please let me know if you have any concerns.

Thanks,  
Kiersten

s.13; s.17

Thank you for your prompt attention to the required actions and updates outlined in this communication. We appreciate your ongoing efforts to ensure the safety of residents and staff.

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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## **RE: Extension of the Variance to the Single Site Order (allowing for clusters)**

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** September 28, 2021 7:35:32 AM PDT

Thanks Brian.

Kiersten – let's plan to advise the HAs and Employers of the extension tomorrow morning on the Sector Call.

Evan – Please let HEABC and the Unions/Associations know.

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** September 28, 2021 7:28 AM  
**To:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Subject:** RE: Extension of the Variance to the Single Site Order (allowing for clusters)

Hi Eugene.

Planning to publish today with the extension of the variance to Dec 31.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Sent:** September 27, 2021 8:54 AM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Subject:** RE: Extension of the Variance to the Single Site Order (allowing for clusters)

Hi Brian,

If you can let me know when the decision is made to amend the order and publish it, extending clusters to the end of the calendar year, I will coordinate communications to employers with HEABC.

Cheers

Eugene Johnson  
Director, Emergency Medical Assistants Licensing Branch  
Health Sector Workforce and Beneficiary Services Division  
Ministry of Health  
[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca) or (778) 698-8428

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Sent:** September 26, 2021 3:53 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Subject:** Re: Extension of the Variance to the Single Site Order (allowing for clusters)

Hi Brian,

Your note is very timely... I advised the Unions on Friday I anticipated the PHO would be extending the ability for Clusters and indicated it could be to the end of the calendar year. There is support from the HA and LTC/AL Employers. The Unions/Associations did not raise any major concerns other than wanting a fixed end date. Unless you here of any major objections I recommend we extend the Order to December 31, 2021 early this week. For Employers to do their scheduling they need to know ASAP if clustering will continue.

Thanks

Mark.

On Sep 26, 2021, at 12:21 PM, Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:

Good morning.

I meant to raise this last week (see below). The variance to allow fully vaccinated casuals to work within clusters at multiple sites expires on September 30. Although this is the only request I have had, perhaps other health authorities have asked this question through other channels.

Given the work that has gone into establishing clusters and the potential staff shortages with the upcoming mandatory vaccination requirements coming October 12 and then October 26, it seems prudent to me to extend this to, say, end of November.

I realize this perhaps weakens the argument for the single site order, but as I understand policy work is advancing on a way that could support repeal of the single site order.

Could someone give Bonnie and I an update on the progress on that policy development?

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Pollock, Dr. Sue <[Sue.Pollock@interiorhealth.ca](mailto:Sue.Pollock@interiorhealth.ca)>

**Sent:** September 24, 2021 3:05 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** XT:Mema, Dr. Silvana HLTH:IN <Silvana.Mema@interiorhealth.ca>; Zimmerman, Courtney <Courtney.Zimmerman@interiorhealth.ca>

**Subject:** FW: Extension of the Variance to the Single Site Order (allowing for clusters)

**Importance:** High

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian

Is there any movement on this? Our LTC and operations group are concerned that this is ending next week.

Thank you

Sue

**Sue Pollock** MSc, MD, FRCPC

Chief Medical Health Officer (Interim) | Interior Health

Clinical Assistant Professor | School of Population and Public Health, UBC

Interior Health Community Health and Services Centre

5th Floor-505 Doyle Avenue | Kelowna, BC Canada V1Y 0C5

Office 250 469 7070 Extension: 12796 | Fax 250 868 7826

[sue.pollock@interiorhealth.ca](mailto:sue.pollock@interiorhealth.ca)

**I respectfully acknowledge the traditional territory of the Syilx First Nation where we live, learn, collaborate and work together.**

---

**From:** Zimmerman, Courtney <Courtney.Zimmerman@interiorhealth.ca>

**Sent:** Wednesday, September 01, 2021 1:31 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>

**Cc:** Pollock, Dr. Sue <Sue.Pollock@interiorhealth.ca>; Byrne, Nicole <Nicole.Byrne@interiorhealth.ca>; Harrison, Joanna <Joanna.Harrison@interiorhealth.ca>

**Subject:** Extension of the Variance to the Single Site Order (allowing for clusters)

**Importance:** High

Brian,

I would like to formally request an extension of the Variance to the Single site Order which ends on September 30<sup>th</sup>. The clusters have only just been finalized in Interior Health and we believe that they will be beneficial in supporting facilities that are experiencing dangerously low staffing levels.

We are hoping the Variance can be extended through the winter (i.e. March 31).

Thank you,

*Courtney Zimmerman, CPHI(C)*

Corporate Director Environmental Public Health

Interior Health Authority

Osoyoos Health Centre

4816 – 89<sup>th</sup> Street

Osoyoos, BC V0H 1V1

Cell: 250-803-8483

Phone: 250-495-6433 ext. 62522

Fax: 250-495-5142

*We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate and work together. This region is also home to 15*

*Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.*

## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: September 28, 2021 8:11:49 AM PDT

Thanks Matt, I chatted with Brian last night and believe this is being left in the order, for the reasons you pointed out.

Cheers,  
Kiersten

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 27, 2021 8:47 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

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s.13; s.17

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** Monday, September 27, 2021 9:10 AM

**To:** Matt Prescott <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Hi Brian,

Apologies for the delay in reviewing the Order. I agree with the comments from Matt and have also made some comments in the attached. Looping in Chris and Meghan, as I don't think the functionality in the Portal will support some of what is in the updated Order. Let me know if we need to pull together a quick call.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 25, 2021 4:11 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

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Hi Brian,

Thanks for the opportunity to review the draft amendments. I've included a few comments and one proposed edit in the attached document for consideration.

s.13; s.17

Regarding the question raised in Ross's email this morning, the order is clear that staff who were hired before September 14 must have received both doses of vaccine by October 11. It is only staff who were/are hired after September 13 and before October 12 who may continue working subject to testing if they have only had one dose, with

up to 35 days additional days to receive their second dose. s.13; s.17  
s.13; s.17

It's obviously positive that HAs are reporting some current staff are now choosing to get vaccinated. s.13; s.17  
s.13; s.17

- Staff who recently received Dose 1 and missed the September 13 deadline by only a few days will not be out of work for long after October 11, assuming they also promptly receive Dose 2. They will be eligible to work again 7 days after Dose 2.

s.13; s.17

Let me know if you'd like to discuss or have questions.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ulh (Tsleil-Waututh), and x̓w̓m̓əθ̓ k̓w̓əy̓'əm (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Friday, September 24, 2021 5:04 PM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

s.13; s.17

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** September 24, 2021 9:27 AM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; 'Carvalho, Chris [PHSA]' <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

One more point from our meeting yesterday

- Martin confirmed that matching with PIR can and should be done with PHN and not require the 4 point authentication, which will allow HSIAR to resolve the majority of the data errors. Martin to confirm with Corrie.

Kiersten

---

**From:** Fisher, Kiersten D HLTH:EX  
**Sent:** September 24, 2021 9:00 AM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Maxson, Sandra HLTH:EX <[Sandra.Maxson@gov.bc.ca](mailto:Sandra.Maxson@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

I want to confirm what I think I heard in terms of next steps re the Portal following our meeting last night. Please let me know if this does not reflect our discussion.

- Brian will share the amended PHO with the group prior to posting and advise once it is posted
- Once the amended PHO Order is posted, IMIT will reactivate user access for all users, with the exception of those who are obviously third party contractors, access for these users will remain suspended  
→SSB and IMIT to connect re who can review user list to identify these third party contractors
- SSB will revise the communication to operators to indicate that the portal is back up and running, request confirmation of 1-2 users who require access to meet requirements of the order, confirm process for third party contractors to submit their staff information to operators for uploading
- SSB will share updated draft communication with the group for review prior to disseminating to HAs and sector associations

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** September 24, 2021 7:28 AM  
**To:** 'Matt Prescott' <MattP@heabc.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks Kiersten, Brian and Matt; I don't have any additional comments.

M

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 23, 2021 10:27 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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-----Original Message-----

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** Thursday, September 23, 2021 9:32 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>

Subject: Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?  
s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. The orders require both "the operator, and the employer if not the operator" to ensure unvaccinated employees are tested and excluded after October 12.  
s.13; s.17  
s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17

- \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
- \* verify that the PHN is correct, by looking at the number on the BC Care Card.
- \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
- \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health.”

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 Cs.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.15; s.17

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## **RE: DRAFT Communication to LTC and AL sites currently reporting into the Portal**

**From:** Emerson, Brian P HLTH:EX  
**To:** Matt Prescott <MattP@heabc.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Sent:** September 28, 2021 8:35:58 AM PDT

Hi Matt, and further to your suggestion highlighted green below, in the Order I just sent it specifically references the BC Vaccine Card in the definitions section and says:

### **D. STAFF**

#### **MUST:**

1. Subject to section 2, provide the following information to their employer if the information has not been provided by the date of this Order:
    - a. their legal first and last names;
    - b. their birthdate;
    - c. their personal health number.
  2. Provide their BC Services Card to their employer, so that their employer may verify their personal health number.
- s.13; s.17

This is to clarify that the staff should be providing vaccine cards, not paper records.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 27, 2021 9:07 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>

**Cc:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: DRAFT Communication to LTC and AL sites currently reporting into the Portal

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Kiersten,

s.13; s.17

I've proposed an edit below highlighted in green.

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>  
**Sent:** Monday, September 27, 2021 9:23 AM  
**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; 'Carvalho, Chris [PHSA]' <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>  
**Subject:** DRAFT Communication to LTC and AL sites currently reporting into the Portal  
**Importance:** High

Good Morning,

For your review, below is the draft communication to operators who have already submitted to the portal regarding re-instating user access and the amendments to the Order re flow of information from third party contracted providers and use of the BC Vaccine Card for rapid testing. The communication assumes the updated Order will be posted today (will



update when it goes live) and changes from the previous draft are highlighted in yellow. Thought it worth running this by you now while we await the final draft of the amended Order. Please let me know if you have any concerns.

Thanks,  
Kiersten

s.13; s.17

Thank you for your prompt attention to the required actions and updates outlined in this communication. We appreciate your ongoing efforts to ensure the safety of residents and staff.

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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## RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: September 28, 2021 9:23:27 AM PDT  
Attachments: Vaccination Status Information Order Sept. 27 - changes highlighted.docx, Vaccination Status Information Order Sept. 27 final.pdf

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian. I haven't had time to review in detail s.13; s.17  
s.13; s.17

Thanks,

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓kwx̓wú7mesh (Squamish), sel̓ilwítulh (Tseil-Waututh), and xwməθ kwəy̓əm (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** Tuesday, September 28, 2021 8:19 AM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Thanks very much Matt for the feedback on this draft order on the weekend, and further feedback last night! I have very much appreciated your careful consideration of these complicated issues and clear and constructive suggestions. And thank you Kiersten for picking up some important points and keeping us focussed on moving forward.

Attached is the amended order which will be sent for web posting later today. Also attached the a draft version which shows the changes highlighted. Hopefully accurately incorporated all your suggestions.

s.13; s.17

Thanks again for all the very helpful and important support!

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** September 28, 2021 8:12 AM

**To:** 'Matt Prescott' <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Thanks Matt, I chatted with Brian last night and believe this is being left in the order, for the reasons you pointed out.

Cheers,  
Kiersten

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 27, 2021 8:47 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

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s.13; s.17

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** Monday, September 27, 2021 9:10 AM

**To:** Matt Prescott <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Hi Brian,

Apologies for the delay in reviewing the Order. I agree with the comments from Matt and have also made some comments in the attached. Looping in Chris and Meghan, as I don't think the functionality in the Portal will support some of what is in the updated Order. Let me know if we need to pull together a quick call.

Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples  
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**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** September 25, 2021 4:11 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

Thanks for the opportunity to review the draft amendments. I've included a few comments and one proposed edit in the attached document for consideration.

s.13; s.17

Regarding the question raised in Ross's email this morning, the order is clear that staff who were hired before September 14 must have received both doses of vaccine by October 11. It is only staff who were/are hired after September 13 and before October 12 who may continue working subject to testing if they have only had one dose, with up to 35 days additional days to receive their second dose. s.13; s.14

s.13; s.17

It's obviously positive that HAs are reporting some current staff are now choosing to get vaccinated. s.13; s.17

s.13; s.17

- Staff who recently received Dose 1 and missed the September 13 deadline by only a few days will not be out of work for long after October 11, assuming they also promptly receive Dose 2. They will be eligible to work again 7 days after Dose 2.

Let me know if you'd like to discuss or have questions.

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Friday, September 24, 2021 5:04 PM  
**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>  
**Subject:** RE: LTC/AL Vaccination Portal - Data Access - Amended draft order

Happy end of the week (in theory!).

Attached is the draft of the amended order with changes highlighted. This is to require contractors to provide PHNs to facility operators, so that the facility operators will enter the PHN into the portal to continue with getting missing data.

With that clarification, I hope this reflects our discussion yesterday and let me know if other changes needed.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** September 24, 2021 9:27 AM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; 'Carvalho, Chris [PHSA]' <chris.carvalho@phsa.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

One more point from our meeting yesterday

s.13; s.17

Kiersten

---

**From:** Fisher, Kiersten D HLTH:EX

**Sent:** September 24, 2021 9:00 AM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; 'Matt Prescott' <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>; Maxson, Sandra HLTH:EX <Sandra.Maxson@gov.bc.ca>; Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks All,

I want to confirm what I think I heard in terms of next steps re the Portal following our meeting last night. Please let me know if this does not reflect our discussion.

- Brian will share the amended PHO with the group prior to posting and advise once it is posted
- Once the amended PHO Order is posted, IMIT will reactivate user access for all users, with the exception of those who are obviously third party contractors, access for these users will remain suspended  
→SSB and IMIT to connect re who can review user list to identify these third party contractors
- SSB will revise the communication to operators to indicate that the portal is back up and running, request confirmation of 1-2 users who require access to meet requirements of the order, confirm process for third party contractors to submit their staff information to operators for uploading
- SSB will share updated draft communication with the group for review prior to disseminating to HAs and sector associations

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Sent:** September 24, 2021 7:28 AM

**To:** 'Matt Prescott' <MattP@heabc.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barcly@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

Thanks Kiersten, Brian and Matt; I don't have any additional comments.

M

W. Mark A. Armitage MPA BSW



**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** September 23, 2021 10:27 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>;

Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>

**Subject:** RE: LTC/AL Vaccination Portal - Data Access

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Thanks Brian. Please see a few comments/suggestions embedded in your and Kiersten's emails below in red.

These are in addition to concerns discussed today and outlined in my previous emails regarding practical implications for operators and potential privacy concerns about operators collecting, uploading and disclosing personal info of employees of contractors.

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

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Mobile: 604.506.0007

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I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *skwxwú7mesh* (Squamish), *selilwitulh* (Tsleil-Waututh), and *xwməθ kwəy̓əm* (Musqueam) nations.

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-----Original Message-----

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** Thursday, September 23, 2021 9:32 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>;

Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Matt

Prescott <MattP@heabc.bc.ca>

**Subject:** Re: LTC/AL Vaccination Portal - Data Access

Thanks Brian, just a couple of questions/comments from me...

-will there be an expectation that operators are verifying PHN by checking the BC Services Card? Or is this only for contractors?

s.13; s.17

-I think there will be questions/confusion about requiring the contracted provider to ascertain vaccination status using the BC Vaccine Card and report that to the operator while at the same time requiring them to provide the staff PHNs to the operator in order to verify vaccination status through the portal - it sounds like we're asking them to do the same thing 2 different ways. I think maybe we're trying to ensure that contractors are checking the vaccination status of the BC vaccine card so they only send vaccinated staff to facilities, is that right? Originally the onus was on operators to ensure any staff entering the facility are vaccinated or rapid tested, but this sounds like a bit of a shift in accountability. s.13; s.17

Kiersten

Sent from my iPhone

On Sep 23, 2021, at 6:05 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks for the call today. I have sent the following instructions to Fiona to redraft the order, but would appreciate your review to make sure I capture the discussion:

'We need to authorize a revised flow for information about employees of contractors to facility operators. In addition, we want to ensure that contractors are only sending employees who are fully vaccinated to the facilities. As such here are the changes needed:

1. Contractors must  
s.13; s.17
  - \* collect PHN from employee and provide that, with name and date of birth, to facility operators.
  - \* verify that the PHN is correct, by looking at the number on the BC Care Card.
  - \* provide the PHN, name and date of birth to the operator of the facility where the contractor's employee works
  - \* ascertain the vaccination status of the employee using the BC Vaccine Card, and report that status to the operator  
s.13; s.17

1. Operators must enter the PHN, name and date of birth into the portal to enable verification of vaccination status by the Ministry of Health.

1. If the operator receives a report from the Ministry of Health that the employee is unvaccinated, or their records cannot be found, the operator must report that to the contractor, and the employee must be managed as an unvaccinated employee.

1. Contractors and operators must destroy records of PHNs once the employees vaccination status has been verified through use of the BC Vaccine Card or by a report from the Ministry of Health.”

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

-----Original Appointment-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: September 23, 2021 1:57 PM

To: Armitage, Mark W HLTH:EX; Emerson, Brian P HLTH:EX; Hayward, Ross HLTH:EX; Fisher, Kiersten D HLTH:EX; Wright, Martin P HLTH:EX; Barclay, Corrie A HLTH:EX; 'Matt Prescott'

Subject: LTC/AL Vaccination Portal - Data Access

When: September 23, 2021 4:00 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Microsoft Teams Meeting

Hi folks,

Sorry for the short notice but hoping we can have a discussion today on Employer data access to the Vaccine Portal.

Please let me know if the time works.

Thanks

Mark

---

Microsoft Teams meeting

Join on your computer or mobile app

s.14; s.17

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Page 487 of 989 to/à Page 510 of 989

Withheld pursuant to/removed as

s.13 ; s.17



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 56, 57 (1), 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

### ***COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER – SEPTEMBER 27, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: OPERATORS WHO EMPLOY STAFF TO WORK IN FACILITIES**
- TO: EMPLOYERS WHO ARE NOT OPERATORS WHO PROVIDE STAFF TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS “CONTRACTORS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**

**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated or who are not protected from infection and serious complications by having been vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. The presence of an unvaccinated outside provider in a facility creates a risk to residents and staff;
- L. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities 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 public, including constitutionally protected interests, against the risk of harm to residents and staff of facilities created by the presence of unvaccinated persons in facilities;

- M. 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 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;
- N. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- O. After weighing the risk to the health of residents of facilities against the interests of persons who are not vaccinated for non-medical reasons, and taking into account the importance of maintaining a healthy workforce in facilities, the difficulty of assessing the validity of a claim for an exemption on a non-medical basis, the difficulty and risk inherent in accommodating persons who are unvaccinated, and the time and effort this entails on the part of public health and facility operators, I have decided not to consider a request for a variance under section 43 on other than a medical basis.
- P. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of resident and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) the presence of an unvaccinated staff member or an unvaccinated outside provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (iii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iv) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. match this information with information in the Provincial Immunization Registry;
  - (v) in order to confirm the vaccination status of staff in facilities, I need to
    - a. collect personal information about staff from operators; and

- b. upon receiving the personal information of staff from employers link this information with information in the Provincial Immunization Registry to determine vaccination status of staff.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record, or collected from a resident;
2. order operators to collect and retain vaccination status information from outside providers;
3. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
4. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
5. order staff to provide personal information to employers for the purpose of reporting it to me;
6. use the personal information provided by operators, admitters, and employers to confirm the vaccination status of residents and staff by matching the information with information in the Provincial Immunization Registry;
7. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
8. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;
9. order preventive measures to protect residents and staff from the risk of transmission of SARS-CoV-2;
10. prohibit persons who have not provided proof of vaccination or are not in compliance with preventive measures from being in a facility.

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:**

**In this Order**

“**admitter**” includes an operator;

“**BC services card**” within the meaning of the Identification Card regulation;

“**category of staff member**” means a job description in accordance with Schedule 1;



**“close contact”** means within two metres of another person;

**“contractor”** means a person who employs staff to work in a facility but who is not an operator;

**“employer”** means an operator who employs staff or a contractor;

**“facility”** means a long term care facility, a private hospital, a stand- alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

**“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;

**“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;

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

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, and a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

**“outside health care or personal care provider”** means a physician, nurse, physiotherapist, occupational therapist, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

**“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;

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

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“photo identification”** means one of the following:

- a. a photo BC Services Card within the meaning of the Identification Card regulation;
- b. a driver’s licence, issued by a government of a province of Canada and including a photograph of the holder;

- 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. another form of identification, issued by a government of any jurisdiction, including a photograph of the holder

**“proof of vaccination”** means by providing a vaccine card which shows that the person has been vaccinated;

**“rapid test”** means a test that

- a. is administered using a device commonly known as a “rapid testing device” or “point-of-care test device”,
- b. is used as a screening tool for the communicable disease known as COVID-19,
- c. provides test results at the point of testing within approximately 20 minutes of the test being administered, and
- d. is approved for use in Canada by the department of the federal government responsible for regulating health devices;

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

**“staff member”** means a person employed to work in a facility by the operator of a facility, a person employed by a contractor, a practicum student providing health care or personal care in a facility, including a person on leave;

**“unvaccinated”** means that a person does not meet the definition of “vaccinated”, and includes

- a. a staff member who has not provided the information required to be provided under this Order,
- b. a staff member whose employer is advised that the staff member is unvaccinated by an operator, or by the Ministry of Health;
- c. a staff member for whom there is no record in the Provincial Immunization Registry.
- d. a staff member who has not been vaccinated in British Columbia, and who does not provide their vaccination history as required by this Order;

**“vaccinated”** means to have received, at least 7 days previously, all doses of a vaccine or a combination of vaccines as recommended by

- a. the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- b. the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

**“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).

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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. Provide the following information about current residents from resident files, or collect it from current residents, and provide it to me, with the name and address of the facility, by September 8, 2021, by entering the information at the data entry portal, or as otherwise directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.
2. Collect the following information from new residents at the time of admission, and provide it to me, with the name and address of the facility, at the time of admission, by entering the information at the data entry portal, or as otherwise directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate;
  - c. the resident’s personal health number; and
  - d. the resident’s date of admission.

3. Provide the date on which a resident is discharged from or ceases to live in a facility to me, at the time the resident is discharged from, or ceases to live in a facility, by entering the date, the name of the resident, and the name and address of the facility, at the [data entry portal](#), or as otherwise directed by me.

## **B. RESIDENTS**

### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident's legal first and last names;
  - b. the resident's birthdate; and
  - c. the resident's personal health number.
2. If the resident has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **C. CONTRACTORS AND OPERATORS**

### **CONTRACTORS**

#### **MUST:**

1. In order to ensure that I have complete and up to date records about the vaccination status of staff, collect the following information from staff records, or collect the following information from staff, with respect to existing staff whose information has not been provided to me by the date of this Order, and new staff who are hired after the date of this Order, and provide this information to the operator of the facility in which the staff member works:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number;
  - d. a new staff member's date of hire; and
  - e. the date on which a staff member ceases to work in a facility.
2. Verify that the personal health number of each staff member provided further to section 1. is correct by comparing it to the number on the staff member's BC Services Card.

3. Destroy the record of a staff member's personal health number, once the staff member's vaccination status has been provided by the Ministry of Health to the operator of the facility in which the staff member works, and the operator notifies the contractor that the information may be destroyed.

## **OPERATORS**

### **MUST:**

1. With respect to staff employed by the Operator,
  - a. provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number.
  - b. collect the following information from new staff, and provide this information, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number; and
    - iv. the date on which a new staff member begins to work at the facility.
  - c. provide the date on which a staff member ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
2. With respect to staff employed by a contractor,
  - a. provide the following information collected from the contractor, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;

- ii. the staff member's birthdate;
  - iii. the staff member's personal health number; and
  - iv. the date on which a new staff member begins to work at the facility.
- b. provide the date on which a staff member provided by a contractor ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as otherwise directed by me.
3. Destroy the record of a staff member's personal health number, including the record of the personal health number of a staff member who is provided by a contractor, once the staff member's vaccination status has been provided by the Ministry of Health.
  4. Notify a contractor once a staff member's vaccination status has been provided by the Ministry of Health, so that the contractor may destroy the record of the staff member's personal health number.
  5. If an operator is advised by the Ministry of Health that a staff member who is an employee of a contractor is unvaccinated, or that there is no record of the employee's vaccination status in the Provincial Immunization Registry, the operator must provide this information to the contractor.

#### **D. STAFF**

##### **MUST:**

1. Subject to section 2, provide the following information to their employer if the information has not been provided by the date of this Order:
  - a. their legal first and last names;
  - b. their birthdate;
  - c. their personal health number.
2. Provide their BC Services Card to their employer, so that their employer may verify their personal health number.
3. If required to provide information further to section 1. provide their vaccine card to their employer on request, so that their employer may determine their vaccination status, unless the employer has already verified their vaccine status.
4. If the staff member has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **E. PREVENTIVE MEASURES APPLICABLE TO STAFF**

**Commencing on September 16, 2021, the following preventive measures and requirements come into effect:**

1. An unvaccinated staff member must wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
2. Despite section 1, an unvaccinated staff member may remove a medical mask when consuming food or a beverage.
3. An unvaccinated staff member must be tested for COVID-19 by means of a rapid test at a facility at every shift.
4. If a rapid test result for an unvaccinated staff member is positive, the unvaccinated staff member must
  - a. notify the operator, and employer if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
5. An operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
6. An operator must make provision for the rapid testing of unvaccinated staff for COVID-19 in the facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 3.
7. An operator and employer, if not the operator, must require an unvaccinated staff member who tests positive after a rapid test to leave the facility immediately, if it is operationally safe to do so.

8. An unvaccinated staff member who does not wear a medical mask which covers their nose and mouth, or get tested as required in section 3, must not be in a facility.
9. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result after receiving a positive test result from a rapid test must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.
10. An operator and employer, if not the operator, must not permit an unvaccinated staff member who is not wearing a medical mask which covers their nose and mouth, or who does not get tested as required in section 3, to be in a facility.
11. An operator and employer, if not the operator, must not permit an unvaccinated staff member who tests positive on a rapid test to return to a facility, until the staff member provides a negative PCR test result, or 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

#### **F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.



6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. An outside support or personal service provider who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,

- b. maintain a two metre distance from every other person in the facility.
- 2. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
- 3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination, and who is not in compliance with section 1 to be in a facility.
- 4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

- 5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
- 6. An operator must request proof of vaccination from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
- 7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
- 8. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit an occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
5. An operator must not permit an occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
6. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 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 to receive, consider, and make a decision with respect to a request for reconsideration from an individual seeking a medical exemption in the geographic region of the Province for which the medical health officer is designated.

**M. 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.

**N. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the *Public Health Act*, I will not be accepting requests for reconsideration of this Order under section 43, except for the purpose of seeking a medical exemption, as provided for in section 56.

A request for reconsideration for the purpose of seeking a medical exemption must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement.

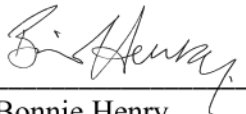
A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 27<sup>th</sup> day of September 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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*];

## COVID-19 Vaccination Status Information and Preventive Measures Order - for web posting

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From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Ashley.Halicki@gov.bc.ca, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Amos, Heather <heather.amos@bccdc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: September 28, 2021 2:41:15 PM PDT  
Attachments: Vaccination Status Information Order Sept. 27 final.pdf

Good afternoon.

Please post the attached order to the PHO website:

Title is "COVID-19 Vaccination Status Information and Preventive Measures Order– September 27, 2021". Please move the current order to the Preventive Measures archives.

This has been revised to reflect the transition from contractors and facility operators entering PHN, name and date of birth to just having operators enter this information. This was needed because the portal was closed for contractors since they have mostly entered all their staff data, and to streamline follow up of operators who still need to enter data.

This version has also eliminated mention of the EMPI and the option of using address and ordering the Minister to use personal information to access the EMPI to derive the PHN, i.e. we are focussing now on getting the PHN to expedite the acquisition of the vaccination status.

This order also includes the revised language about limiting requests for reconsideration to medical exemptions only.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 56, 57 (1), 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

### ***COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER – SEPTEMBER 27, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE, PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: OPERATORS WHO EMPLOY STAFF TO WORK IN FACILITIES**
- TO: EMPLOYERS WHO ARE NOT OPERATORS WHO PROVIDE STAFF TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS “CONTRACTORS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**

**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated or who are not protected from infection and serious complications by having been vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV-2 and of transmitting SARS-CoV-2 to other persons, including vaccinated persons;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. The presence of an unvaccinated outside provider in a facility creates a risk to residents and staff;
- L. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities 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 public, including constitutionally protected interests, against the risk of harm to residents and staff of facilities created by the presence of unvaccinated persons in facilities;

- M. 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 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;
- N. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- O. After weighing the risk to the health of residents of facilities against the interests of persons who are not vaccinated for non-medical reasons, and taking into account the importance of maintaining a healthy workforce in facilities, the difficulty of assessing the validity of a claim for an exemption on a non-medical basis, the difficulty and risk inherent in accommodating persons who are unvaccinated, and the time and effort this entails on the part of public health and facility operators, I have decided not to consider a request for a variance under section 43 on other than a medical basis.
- P. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of resident and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) the presence of an unvaccinated staff member or an unvaccinated outside provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (iii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iv) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. match this information with information in the Provincial Immunization Registry;
  - (v) in order to confirm the vaccination status of staff in facilities, I need to
    - a. collect personal information about staff from operators; and



- b. upon receiving the personal information of staff from employers link this information with information in the Provincial Immunization Registry to determine vaccination status of staff.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record, or collected from a resident;
2. order operators to collect and retain vaccination status information from outside providers;
3. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
4. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
5. order staff to provide personal information to employers for the purpose of reporting it to me;
6. use the personal information provided by operators, admitters, and employers to confirm the vaccination status of residents and staff by matching the information with information in the Provincial Immunization Registry;
7. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
8. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;
9. order preventive measures to protect residents and staff from the risk of transmission of SARS-CoV-2;
10. prohibit persons who have not provided proof of vaccination or are not in compliance with preventive measures from being in a facility.

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:**

**In this Order**

“**admitter**” includes an operator;

“**BC services card**” within the meaning of the Identification Card regulation;

“**category of staff member**” means a job description in accordance with Schedule 1;

**“close contact”** means within two metres of another person;

**“contractor”** means a person who employs staff to work in a facility but who is not an operator;

**“employer”** means an operator who employs staff or a contractor;

**“facility”** means a long term care facility, a private hospital, a stand- alone extended care hospital, an assisted living residence which provides regular assistance with activities of daily living, including eating, mobility, dressing, grooming, bathing or personal hygiene, or a Provincial mental health facility.

**“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;

**“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;

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

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*, and a director of a Provincial mental health facility which is designated under the *Mental Health Act*;

**“outside health care or personal care provider”** means a physician, nurse, physiotherapist, occupational therapist, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

**“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;

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

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“photo identification”** means one of the following:

- a. a photo BC Services Card within the meaning of the Identification Card regulation;
- b. a driver’s licence, issued by a government of a province of Canada and including a photograph of the holder;

- 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. another form of identification, issued by a government of any jurisdiction, including a photograph of the holder

**“proof of vaccination”** means by providing a vaccine card which shows that the person has been vaccinated;

**“rapid test”** means a test that

- a. is administered using a device commonly known as a “rapid testing device” or “point-of-care test device”,
- b. is used as a screening tool for the communicable disease known as COVID-19,
- c. provides test results at the point of testing within approximately 20 minutes of the test being administered, and
- d. is approved for use in Canada by the department of the federal government responsible for regulating health devices;

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

**“staff member”** means a person employed to work in a facility by the operator of a facility, a person employed by a contractor, a practicum student providing health care or personal care in a facility, including a person on leave;

**“unvaccinated”** means that a person does not meet the definition of “vaccinated”, and includes

- a. a staff member who has not provided the information required to be provided under this Order,
- b. a staff member whose employer is advised that the staff member is unvaccinated by an operator, or by the Ministry of Health;
- c. a staff member for whom there is no record in the Provincial Immunization Registry.
- d. a staff member who has not been vaccinated in British Columbia, and who does not provide their vaccination history as required by this Order;

**“vaccinated”** means to have received, at least 7 days previously, all doses of a vaccine or a combination of vaccines as recommended by

- a. the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- b. the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

**“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).

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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. Provide the following information about current residents from resident files, or collect it from current residents, and provide it to me, with the name and address of the facility, by September 8, 2021, by entering the information at the data entry portal, or as otherwise directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.
2. Collect the following information from new residents at the time of admission, and provide it to me, with the name and address of the facility, at the time of admission, by entering the information at the data entry portal, or as otherwise directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate;
  - c. the resident’s personal health number; and
  - d. the resident’s date of admission.

3. Provide the date on which a resident is discharged from or ceases to live in a facility to me, at the time the resident is discharged from, or ceases to live in a facility, by entering the date, the name of the resident, and the name and address of the facility, at the [data entry portal](#), or as otherwise directed by me.

## **B. RESIDENTS**

### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident's legal first and last names;
  - b. the resident's birthdate; and
  - c. the resident's personal health number.
2. If the resident has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **C. CONTRACTORS AND OPERATORS**

### **CONTRACTORS**

#### **MUST:**

1. In order to ensure that I have complete and up to date records about the vaccination status of staff, collect the following information from staff records, or collect the following information from staff, with respect to existing staff whose information has not been provided to me by the date of this Order, and new staff who are hired after the date of this Order, and provide this information to the operator of the facility in which the staff member works:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number;
  - d. a new staff member's date of hire; and
  - e. the date on which a staff member ceases to work in a facility.
2. Verify that the personal health number of each staff member provided further to section 1. is correct by comparing it to the number on the staff member's BC Services Card.

3. Destroy the record of a staff member's personal health number, once the staff member's vaccination status has been provided by the Ministry of Health to the operator of the facility in which the staff member works, and the operator notifies the contractor that the information may be destroyed.

## **OPERATORS**

### **MUST:**

1. With respect to staff employed by the Operator,
  - a. provide the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number.
  - b. collect the following information from new staff, and provide this information, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number; and
    - iv. the date on which a new staff member begins to work at the facility.
  - c. provide the date on which a staff member ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
2. With respect to staff employed by a contractor,
  - a. provide the following information collected from the contractor, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;

- ii. the staff member's birthdate;
  - iii. the staff member's personal health number; and
  - iv. the date on which a new staff member begins to work at the facility.
- b. provide the date on which a staff member employed by a contractor ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as otherwise directed by me.
3. Destroy the record of a staff member's personal health number, including the record of the personal health number of a staff member who is provided by a contractor, once the staff member's vaccination status has been provided by the Ministry of Health.
  4. Notify a contractor once a staff member's vaccination status has been provided by the Ministry of Health, so that the contractor may destroy the record of the staff member's personal health number.
  5. If an operator is advised by the Ministry of Health that a staff member who is an employee of a contractor is unvaccinated, or that there is no record of the employee's vaccination status in the Provincial Immunization Registry, the operator must provide this information to the contractor.

#### **D. STAFF**

##### **MUST:**

1. Subject to section 2, provide the following information to their employer if the information has not been provided by the date of this Order:
  - a. their legal first and last names;
  - b. their birthdate;
  - c. their personal health number.
2. Provide their BC Services Card to their employer, so that their employer may verify their personal health number.
3. If required to provide information further to section 1. provide their vaccine card to their employer on request, so that their employer may determine their vaccination status, unless the employer has already verified their vaccine status.
4. If the staff member has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

## **E. PREVENTIVE MEASURES APPLICABLE TO STAFF**

**Commencing on September 16, 2021, the following preventive measures and requirements come into effect:**

1. An unvaccinated staff member must wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
2. Despite section 1, an unvaccinated staff member may remove a medical mask when consuming food or a beverage.
3. An unvaccinated staff member must be tested for COVID-19 by means of a rapid test at a facility at every shift.
4. If a rapid test result for an unvaccinated staff member is positive, the unvaccinated staff member must
  - a. notify the operator, and employer if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
5. An operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers their nose and mouth when in a facility, or when accompanying a resident away from a facility.
6. An operator must make provision for the rapid testing of unvaccinated staff for COVID-19 in the facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 3.
7. An operator and employer, if not the operator, must require an unvaccinated staff member who tests positive after a rapid test to leave the facility immediately, if it is operationally safe to do so.



8. An unvaccinated staff member who does not wear a medical mask which covers their nose and mouth, or get tested as required in section 3, must not be in a facility.
9. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result after receiving a positive test result from a rapid test must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.
10. An operator and employer, if not the operator, must not permit an unvaccinated staff member who is not wearing a medical mask which covers their nose and mouth, or who does not get tested as required in section 3, to be in a facility.
11. An operator and employer, if not the operator, must not permit an unvaccinated staff member who tests positive on a rapid test to return to a facility, until the staff member provides a negative PCR test result, or 10 days have passed from the time of the positive rapid test result, unless an earlier return by the staff member is approved by the medical health officer.

#### **F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination must not be in a facility.

6. An operator must request proof of vaccination from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. An outside support or personal service provider who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination must not be in a facility.
2. An operator must request proof of vaccination from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,

- b. maintain a two metre distance from every other person in the facility.
2. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination, and who is not in compliance with section 1, must not be in a facility.
  3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination, and who is not in compliance with section 1 to be in a facility.
  4. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit an occasional other outside provider who has close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**Commencing on October 12, 2021, the following requirements come into effect and replace the requirements above:**

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination, must not be in a facility.
6. An operator must request proof of vaccination from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination, to be in a facility.
8. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, must not be in a facility.
5. An operator must not permit an occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination and who is not in compliance with section 1, to be in a facility.
6. An operator must make and retain a record of proof of vaccination provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 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 to receive, consider, and make a decision with respect to a request for reconsideration from an individual seeking a medical exemption in the geographic region of the Province for which the medical health officer is designated.

**M. 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.

**N. 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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.

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

Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the *Public Health Act*, I will not be accepting requests for reconsideration of this Order under section 43, except for the purpose of seeking a medical exemption, as provided for in section 56.

A request for reconsideration for the purpose of seeking a medical exemption must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement.

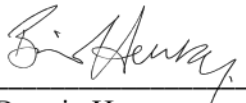
A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 27<sup>th</sup> day of September 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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*];

## Approach to Employment Consequences for Unvaccinated Staff

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From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 28, 2021 2:42:09 PM PDT  
Attachments: 2021 09 27 BN re Employer Response to Non-Compliance with PHO Order.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

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Hi Brian,

Thanks again for the discussion this morning about employment consequences for current staff who are not fully vaccinated by the October 12 deadline. I've attached our BN written yesterday for reference, and below I have provided some bullet points outlining the approach discussed on our call, for consideration.

I'm happy to answer any questions from the group or arrange another call if needed to confirm the direction. We'll begin working on a communication to be ready on Monday on the assumption that this approach is supported, unless I hear otherwise from you.

### Recommended option for consideration

The option provided for consideration below includes recommendations for both: (1) staff who obtain Dose 1 by October 11, 2021 but who missed their September 13, 2021 deadline, and (2) the labour relations approach to be communicated by HEABC for those staff who remain unvaccinated as of October 12, 2021.

If adopted, the intention would be to communicate this approach closer to the October 12, 2021 vaccination deadline, recognizing that some staff may otherwise further delay their decision to become vaccinated.

### Staff Who Have Received Dose 1 but who missed their September 13, 2021 deadline

- Under the current Order, staff who were hired before September 14 that are not fully vaccinated by October 11 must be excluded from working at the facility effective October 12. The Order could be amended to permit these staff, if they receive Dose 1 by October 11, to continue to work with preventive measures in place until fully vaccinated (rapid testing, as well as continued masking like all other employees). Those staff would be required to receive Dose 2 within 35 days of Dose 1 in order to continue working.
- This approach would align with the treatment of staff who are newly hired between September 14 and October 11, 2021 under the existing terms of the Order. It would also reduce potential staffing shortages arising from exclusion of staff who have complied with vaccination but were late in receiving Dose 1.
- If the PHO is supportive of making this amendment, we recommend that the amended order is issued close to the October 12, 2021 deadline, but far enough in advance to provide an opportunity to get Dose 1 by October 11 – e.g. on Monday, October 4.
- Unvaccinated staff who wait until after October 11 to receive Dose 1 would continue to be excluded from working at the facility until 7 days after receiving Dose 2. However, their employment would not be terminated

and, in most cases (including employees of HEABC members), they would be able to return to their regular position occupied prior to October 12. (See section below on standardized labour relations approach.)

### **Treatment of Staff With No Doses Effective October 12, 2021 (Standardized Labour Relations Approach)**

- There is a desire to develop a recommended standardized labour relations approach on employment consequences to provide some additional certainty for employers, unions, staff and the public.
- Based on direction from the Ministry of Health, HEABC would advise employers that staff who have not received any doses of vaccine by October 11, 2021, should be placed on an unpaid leave of absence for a period of 2 weeks.
- During the 2 week unpaid leave of absence period, the employer would meet with the staff member to ascertain their intentions regarding vaccination. Staff who continue to refuse to be vaccinated would be terminated from their employment at the conclusion of the 2 week leave of absence. Staff who receive their first Dose during the 2 week period would be required to receive Dose 2 within 30 or 35 days of Dose 1 and would be eligible to return to work in their previous position 7 days after Dose 2.
- HEABC would develop guidance for employers on managing this process, including consideration of special circumstances (such as pending exemption/deferral requests), where employees may remain on unpaid leave past the 2 week period. Employers would be advised to have at least one supportive discussion with the unvaccinated staff member during this 2 week period, offering to provide resources on the safety and efficacy of the vaccines, and information on how to make an appointment to receive the vaccine on an urgent basis.
- HEABC would communicate this direction and advice closer to the October 12, 2021 deadline for receipt of both doses of vaccine, ideally very shortly after the issuance of the amended PHO order (as outlined above) and concurrently with implementation guidance on the amended PHO order.

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
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Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓íłwítulh (Tsleil-Waututh), and x̓w̓m̓əθ kw̓əy̓əm (Musqueam) nations.

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Date: September 27, 2021

Prepared for: Mark Armitage, ADM, Health Sector Workforce and Beneficiary Service,  
Ministry of Health

From: Matt Prescott, Vice President, Legal Services, Negotiations & Labour  
Relations, HEABC

Carmen Hamilton, Executive Director, Negotiations & Member Services,  
HEABC

Subject: **Residential Care Staff COVID-19 Preventive Measures Order  
Consequences for Failure to Undergo Vaccination**

---

The Residential Care Staff COVID-19 Preventive Measures Order requires employees to be fully vaccinated in order to work in a facility. Effective October 12, 2021, employees hired on or before September 13, 2021 are not permitted to be in a facility unless they have received both doses of a vaccine by no later than October 11, 2021.

The options for employment consequences for non-compliance with the mandatory vaccination requirement are described below.

### **Employment Consequences and Employees on Leaves of Absence**

Some employees are not currently expected to be working at the facility because they are already on an approved leave of absence, such as long-term disability, maternity or parental leave. We recommend that these employees be advised that they must be fully vaccinated so that they are in compliance with the Orders before their scheduled return to work.

### **Employment Consequences for Active Employees: Default Approach**

Employees not on an approved leave of absence are expected to work as scheduled, and/or to be reasonably available for work that is offered. The Order prohibits active employees (hired on or before September 13) who have not been fully vaccinated from working in facility covered by the Order, effective October 12.

The default employment consequences for these employees are as follows:

- The employee will not be paid for any shifts missed (on unpaid leave status).

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- The employee will be subject to investigation to determine the reason they have not been vaccinated and their intentions going forward.
  - Employees with a reasonable explanation for their delay in becoming vaccinated would be granted unpaid leave of absence for a reasonable period of time to become fully vaccinated, based on their individual circumstances. Employees who fail to become vaccinated in a reasonable period of time will be terminated from their employment.
  - Employees who have requested an exemption from the Medical Health Officer under the Order would be placed on unpaid leave of absence pending further direction from the MHO. Employees whose application for exemption is declined and who fail to become vaccinated within a reasonable period of time will be terminated from their employment.
  - Employees who refuse to be vaccinated based on personal preference and who have not applied for an exemption would be placed on unpaid leave and given a period of time to comply with the PHO Order. Those who do not become vaccinated within a reasonable period of time will be terminated from their employment.

Employees may ultimately be terminated either on disciplinary grounds for failure to comply with a legislated requirement and employer policy based on that requirement, and/or the fact they are prohibited from working and cannot fulfil their part of the employment contract (i.e. frustration of contract).

Termination based on frustration of contract would be a natural employment consequence in this situation since mandatory vaccination has arisen not as an employer policy decision but rather as a legislated requirement. Disciplinary termination may carry some reduced risk in respect of arguments that the employee should have been re-assigned rather than face termination. However, as a practical matter, re-assignment will not be an argument available to the unions if the anticipated expanded mandatory vaccination order is broad in scope (applicable to all employment positions with the employer).

### **Not Recommended: Indefinite Unpaid Leave of Absence**

An alternative to the default approach above would be to simply place employees on an indefinite unpaid leave of absence. This approach is not recommended for the following reasons:

- Employers will be unable to post vacant positions on a permanent basis if the incumbent employee is on a leave of absence from their position. This situation may reduce employers' ability to back-fill vacant shifts arising from unvaccinated employees being unable to work and exacerbate staffing shortages.

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- Employees who are on unpaid leave for declining to receive the vaccine will be able to post into other positions falling outside of the current Order, for which they are qualified.
- Employees on unpaid leave of absence may be eligible to continue their benefits plan coverage by paying premiums. Thus, there will be administrative costs associated with maintaining these employees' status on the payroll for the longer term, when there is no indication they intend to make themselves eligible for work.
- If employers cannot post permanent positions to replace staff on leave and are forced to hire additional employees on a permanent basis to address their staff shortages, they will have expanded the permanent workforce beyond current requirements and will face potential lay-off liability if non-compliant employees later seek to return to work. This situation will include displacement rights for affected employees, which may lead to disruptive bumping processes, and may include the requirement to pay severance.
- While the Order has no expiration date, automatically granting an indefinite leave of absence to employees who refuse to comply may result in a perception that the Order is only temporary in nature and can be ignored without any lasting employment consequences.

### **Alternative Approach: Unpaid Leave of Fixed Duration Followed by Termination**

An alternative approach to the default option above would be to mandate a fixed length of time of unpaid leave of absence for employees to bring themselves into compliance with the policy; failing which they will be terminated.

As an example, some hospitals in Ontario with mandatory vaccination policies chose to provide 2 weeks of unpaid leave of absence for employees to proceed with vaccination or be terminated. More recently a B.C. contractor with employees subject to the Order has advised non-compliant employees that they will receive 10 weeks unpaid leave of absence after which they will be terminated on the basis of a deemed resignation if they are not in compliance with the Order.

The health sector unions/bargaining associations have also advocated for the defined leave of absence approach.

The advantage of the defined leave of absence approach is that it creates some fixed expectations for employers, unions and employees about both: (1) a maximum length of time for employees to bring themselves into compliance with the Order and, (2) that termination of employment will result for those who are not in compliance. It is a reasonable policy option, given the current staffing challenges in the long-term care and seniors' assisted living sector, to provide certainty to employees who become fully vaccinated within a reasonable, defined period following October 12 that they will be welcomed back to active employment with their employer.

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The disadvantage of this approach is that if employees who are opposed to vaccination are told now that they will have a number of additional weeks for compliance after October 12, it is likely to result in further postponing their decision about vaccination, thereby compounding potential staffing shortages in the period following October 12, 2021. This result is contrary to the core objective of achieving the highest level of employee vaccination possible in order to minimize the impact of the Order on staffing.

In addition, despite the fact that a fixed leave of absence provides a grace period to comply with the Order, employers would still face termination grievances from at least some unions claiming that longer leaves of absence or other options short of termination should have been considered.

Accordingly, we recommend that the health sector unions first be canvassed before any decision is made about adopting a fixed leave of absence model to determine whether any of them would commit to publicly support (or not publicly oppose) such a model and/or sign an agreement endorsing this model.

Consideration should also be given to the timing for announcing any fixed leave of absence approach, to avoid immediately incentivizing staff to postpone their decisions about vaccination.

Finally, if this approach is implemented, we recommend that the “grace period” of unpaid leave of absence prior to termination of employment is relatively short – e.g. 2 weeks after October 11 to receive Dose 1 and another 30 days to receive Dose 2, with failure to meet either timeline resulting in termination. This will enable employers to recruit staff into regular/permanent positions to replace employees who are determined to remain unvaccinated.

### **Related Issue: Existing Staff with One Dose of Vaccine**

A related question that has been raised is whether the Order can be amended to address those staff who missed the September 13, 2021 deadline for Dose 1 of vaccine but have since been vaccinated with their first dose. This question applies to staff hired on or before September 13, 2021, as they can only work from October 12, 2021, onward if they received Dose 1 of vaccine by September 13 and Dose 2 by October 11, 2021.

The question also raises the fact that there are different rules for staff hired after September 13 and before October 12 under the Order. Those newly hired staff only need to have received Dose 1 prior to their hire in order to work in the facility from October 12 onward, provided they receive Dose 2 within 35 days of Dose 1. The rules under the Order based on date of hire are as follows:

#### **Staff hired before September 14, 2021**

- Can only work after October 11 if they received both doses of a vaccine before October 12, 2021 (Dose 1 by September 13, and Dose 2 by October 11).

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Staff hired after September 13 and before October 12, 2021

- Can work after October 11 if they have received Dose 1 of a vaccine. Can continue to work if they receive Dose 2 within 35 days of receipt of Dose 1.

Staff hired after October 11, 2021

- Can only work if they are 7 days past receipt of Dose 2 of a vaccine.

There may be an advantage to allowing those staff who missed the September 13 deadline by a few days (or perhaps longer) to continue working, as this approach may reduce staffing shortages after October 11 and it would also align the treatment of those hired before and after September 14 under the Order. In addition, it would eliminate what may be a perceived loophole that would allow current staff hired before September 13 with only one dose to resign and be re-hired in order to avoid being removed from work on October 12.

Although there would be benefits to allowing staff who have recently been vaccinated to continue to work, there is also a risk that changes to the rules under the Order may result in a perception that the deadlines may change again or that mandatory vaccination may be abandoned due to concerns about staffing shortages.

Staff who recently received Dose 1 and missed the September 13 deadline by only a few days will not be out of work for long in any event, assuming they also promptly receive Dose 2. They will be eligible to work again 7 days after receipt of Dose 2.

If the Order is amended, the grace period for current staff should also be carefully considered. If the Order allows employees to wait until October 11 to receive Dose 1 followed by another 35 days to receive Dose 2, this timing may incentivize existing staff to postpone their decisions on vaccination to October 11. A short period (e.g. 21 days from the original deadlines under the Order) could be provided to allow staff to continue working with preventive measures. This would enable staff who received Dose 1 after September 13 to continue working and might result in some increased vaccine uptake in the short term and reduce staffing shortage concerns.

## Vaccination Status Information and Preventive Measures PHO Order

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From: Emerson, Brian P HLTH:EX  
To: Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Trish Sterloff <Trish.Sterloff@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Gudavicius, Geoff HLTH:EX <Geoff.Gudavicius@gov.bc.ca>, Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Malovec, Anita HLTH:EX <anita.malovec@gov.bc.ca>, Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>, Perry, Tim HLTH:EX <Tim.Perry@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
Sent: September 28, 2021 2:49:52 PM PDT  
Attachments: Vaccination Status Information Order Sept. 27 final.pdf  
Good afternoon.

FYI this order has been revised and sent for web posting. Changes were made to reflect the transition from contractors and facility operators entering PHN, name and date of birth to just having operators enter this information. This was needed because the portal was closed for contractors since they have mostly entered all their staff data, and to streamline follow up of operators who still need to enter data.

This version has also eliminated mention of the EMPI and the option of using address and ordering the Minister to use personal information to access the EMPI to derive the PHN, i.e. we are focussing now on getting the PHN to expedite the acquisition of the vaccination status.

In addition the order also includes the revised language about limiting requests for reconsideration to medical exemptions only.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1



**Re:**<sup>s.17</sup>

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>  
Sent: September 28, 2021 7:21:01 PM PDT  
Attachments: ATT42806.jpg, ATT34051.jpg, ATT43010.jpg, ATT21910.jpg, ATT37158.jpg

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I think the answer to this is that<sup>s.17</sup>  
s.17

Matt

Sent from my iPhone

On Sep 28, 2021, at 7:13 PM, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca> wrote:

**CONFIDENTIAL – SUBJECT TO COMMON INTEREST PRIVILEGE**

Hi Dr. Emerson,

s.17

Same question applies to Operators' staff.

Thanks for your assistance with these issues –

**Carmen Hamilton** (she|her|hers)  
Executive Director, Negotiations and Member Services  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Phone: 604.714.2258  
[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)  
<Picture (Device Independent Bitmap) 1.jpg>  
HEABC Twitter  
<Picture (Device Independent Bitmap) 2.jpg>  
HEABC LinkedIn  
[BCHealthCareAwards.ca](http://BCHealthCareAwards.ca)  
<Picture (Device Independent Bitmap) 3.jpg>  
BC Health Care Awards Twitter  
<Picture (Device Independent Bitmap) 4.jpg>  
BC Health Care Awards Facebook  
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**RE:** s.17

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>  
Sent: September 28, 2021 7:22:54 PM PDT

That is correct Matt.

s.17

Thanks.

Brian

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BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 28, 2021 7:21 PM  
**To:** Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Cc:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>  
**Subject:** Re: (s.17)

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

I think the answer to this is s.17  
s.17

Matt

Sent from my iPhone

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s.17

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**Carmen Hamilton** (she|her|hers)  
Executive Director, Negotiations and Member Services  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
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[<Picture \(Device Independent Bitmap\) 2.jpg>](#)

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[BCHealthCareAwards.ca](http://BCHealthCareAwards.ca)

[<Picture \(Device Independent Bitmap\) 3.jpg>](#)

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[<Picture \(Device Independent Bitmap\) 5.jpg>](#)

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## RE: Approach to Employment Consequences for Unvaccinated Staff

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>  
Sent: September 29, 2021 2:59:33 PM PDT  
Thanks very much for the creative thinking Matt!

I discussed this with Bonnie and she is supportive of giving extra time for people who have had one dose to get a second dose, and agrees with aiming for October 4 for an amended order, but not communicating this change until we actually publish the order.

FYI, we just had a discussion here and Peter Pokorny he would like us to let CEOs know of this so they can factor it into their contingency planning, so this idea will start to flow out in that direction.

s.13; s.17

As always, really appreciate your contributions to making good ideas turn into reality!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
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---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 28, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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Hi Brian,

Thanks again for the discussion this morning about employment consequences for current staff who are not fully vaccinated by the October 12 deadline. I've attached our BN written yesterday for reference, and below I have provided some bullet points outlining the approach discussed on our call, for consideration.

I'm happy to answer any questions from the group or arrange another call if needed to confirm the direction. We'll begin working on a communication to be ready on Monday on the assumption that this approach is supported, unless I hear otherwise from you.

**Recommended option for consideration**

s.13; s.17

s.13; s.17

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
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I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓witulh (Tseil-Waututh), and xwməθ kwəy'əm (Musqueam) nations.

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---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 1, 2021 10:03 AM  
**To:** Emerson, Brian P HLTH:EX; Armitage, Mark W HLTH:EX  
**Cc:** Hayward, Ross HLTH:EX; Johnson, Eugene HLTH:EX  
**Subject:** RE: Residential Care Contingency Planning

**Importance:** High

Hi Brian and Mark,

We have our Mandatory Vaccination WG meeting at 11 today with HAs (HR and LTC leads) and I'm wondering about that statement below directing that we not communicate the plan re allowing staff with Dose 1 to work (with preventative measures and plan to get D2) on October 12. I believe you said this was ok to communicate to HA CEOs as they are actively assessing sites at risk of critical staffing shortage and undertaking contingency planning. Given the group today, HA HR and LTC leads, are the ones doing the contingency planning, is it ok to communicate this confidentially with them as well? I do understand that broader communication beyond the HAs is not to occur at this time, but wanted to check on communicating with HA leads.

Mark, the only other issue I foresee (and HEABC might be able to speak more to this) is the fact that operators may be looking to schedule staff based on the current direction. I'm not sure if that means that they won't schedule staff with D1 after Sept 13 as of Oct 12 and how much notice they would need to shift those schedules.

Thanks,  
Kiersten

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** September 29, 2021 6:45 PM  
**To:** Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
**Subject:** RE: Residential Care Contingency Planning

Hi again.

I was just reminded that I should have included MMHA as well in the "funded by" part, although not sure it is relevant for your purposes, but have added them to this list below and will make sure the order includes them. I will send along to Christine to make sure she is aware and to check on potential exclusions, as I heard from MHOs that there are concerns about negatively affecting overdose prevention services if peer workers were dissuaded from working due to mandatory vaccination requirements.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
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---

**From:** Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>  
**Sent:** September 29, 2021 4:34 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>  
**Subject:** RE: Residential Care Contingency Planning

Very helpful. Thanks, Brian.

Peter

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** September 29, 2021 4:22 PM  
**To:** Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>  
**Subject:** Residential Care Contingency Planning

Hi Peter and further to our call today here are points related to the three issues we discuss that you wanted for sharing with CEOs for their contingency planning, subject to any modifications from Bonnie.

1. Second dose option for staff of facilities who have had a first dose of vaccine
  - Under the current PHO Order, staff who were hired before September 14 that are not fully vaccinated by October 11 must be excluded from working at the facility effective October 12. We are planning to amend the order to permit these staff, if they receive Dose 1 by October 11, to continue to work with preventive measures in place until fully vaccinated (rapid testing, as well as continued masking like all other employees). Those staff would be required to received Dose 2 within 35 days of Dose 1 in order to continue working.
  - This approach will align with the treatment of staff who are newly hired between September 14 and October 11, 2021 under the existing terms of the Order. It will also help reduce potential staffing shortages arising from exclusion of staff who have complied with vaccination but were late in receiving Dose 1.
  - We plan to publish the amended order on Monday, October 4 to give any unvaccinated staff time to get a first dose.
    - DO NOT COMMUNICATE THE PLAN ABOVE IN ADVANCE OF THE ORDER BEING PUBLISHED.

2. Exemptions for medical contraindications

- The PHO is authorizing only consideration of medical exemptions. This was published in the *COVID-19 Vaccination Status Information And Preventive Measures Order – September 27, 2021* (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-vaccination-status-information.pdf>) i.e. see page 16:

“Pursuant to section 54 (1) (h) of the Public Health Act, and in accordance with the emergency powers set out in Part 5 of the Public Health Act, I will not be accepting requests for reconsideration of this Order under section 43, except for the purpose of seeking a medical exemption, as provided for in section 56.”

### 3. Scope of Health Sector Wide Mandatory Vaccination Order

- All workers employed or funded by a regional health authority, the Provincial Health Services Society, and the British Columbia Emergency Health Services, where ever they work
- All workers funded directly by the above organizations or directly by the Ministries of Health or Mental Health and Addictions, or otherwise supported by them which provide health care or other services in a hospital or in the community e.g. hospitals, residential care facilities, community care services e.g. mental health, home nursing, nursing support services in schools, home support, including caregivers hired by Choice in Supports for Independent Living or by clients to provide care, patient medical homes, community health centres, urgent and primary care centres, public health units, emergency health services, adult day care, medical, laboratory or diagnostic facilities.
- All workers who work in facilities licensed or registered under *Community Care and Assisted Living Act* e.g. residential care, assisted living for mental health care, seniors and persons with disabilities, supportive recovery, hospice, community living, acquired injury
- This scope is in addition to the services covered by the *Residential Care Staff COVID-19 Preventive Measures* order i.e. long term care facilities, private hospitals, stand alone extended care hospitals, assisted living residences for seniors, provincial mental health facilities
- Does not include a visitor, a peer worker in an overdose prevention site or supervised consumption site, a private practitioner working in a private practice that is not contract or grant funded from one of the above or that does not have staff working in the practice from the above, or licensed child care

Hope this is helpful and let me know if you need more information.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
 BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
 T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## RE: Residential Care Contingency Planning

---

From: Emerson, Brian P HLTH:EX  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
Sent: October 1, 2021 10:18:49 AM PDT

Hi Kiersten.

That direction to not communicate this was, as you mentioned, for CEOs not to communicate broadly.

Wrt to communicating to HA HR and LTC leads I think we can justify letting HAs know about this as they are doing the contingency planning for all facilities, but not let the rest of the LTC/AL sector know. However, I will look to Mark to weigh in as I know we are being sensitive to equity issues.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 1, 2021 10:03 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Subject:** RE: Residential Care Contingency Planning  
**Importance:** High

Hi Brian and Mark,

We have our Mandatory Vaccination WG meeting at 11 today with HAs (HR and LTC leads) and I'm wondering about that statement below directing that we not communicate the plan re allowing staff with Dose 1 to work (with preventative measures and plan to get D2) on October 12. I believe you said this was ok to communicate to HA CEOs as they are actively assessing sites at risk of critical staffing shortage and undertaking contingency planning. Given the group today, HA HR and LTC leads, are the ones doing the contingency planning, is it ok to communicate this confidentially with them as well? I do understand that broader communication beyond the HAs is not to occur at this time, but wanted to check on communicating with HA leads.

Mark, the only other issue I foresee (and HEABC might be able to speak more to this) is the fact that operators may be looking to schedule staff based on the current direction. I'm not sure if that means that they won't schedule staff with D1 after Sept 13 as of Oct 12 and how much notice they would need to shift those schedules.

Thanks,  
Kiersten

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** September 29, 2021 6:45 PM  
**To:** Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
**Subject:** RE: Residential Care Contingency Planning

Hi again.

I was just reminded that I should have included MMHA as well in the “funded by” part, although not sure it is relevant for your purposes, but have added them to this list below and will make sure the order includes them. I will send along to Christine to make sure she is aware and to check on potential exclusions, as I heard from MHOs that there are concerns about negatively affecting overdose prevention services if peer workers were dissuaded from working due to mandatory vaccination requirements.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
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---

**From:** Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>  
**Sent:** September 29, 2021 4:34 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>  
**Subject:** RE: Residential Care Contingency Planning

Very helpful. Thanks, Brian.

Peter

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** September 29, 2021 4:22 PM  
**To:** Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>  
**Cc:** Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>  
**Subject:** Residential Care Contingency Planning

Hi Peter and further to our call today here are points related to the three issues we discuss that you wanted for sharing with CEOs for their contingency planning, subject to any modifications from Bonnie.

1. Second dose option for staff of facilities who have had a first dose of vaccine

- Under the current PHO Order, staff who were hired before September 14 that are not fully vaccinated by October 11 must be excluded from working at the facility effective October 12. We are planning to amend the order to permit these staff, if they receive Dose 1 by October 11, to continue to work with preventive measures in place until fully vaccinated (rapid testing, as well as continued masking like all other employees). Those staff would be required to received Dose 2 within 35 days of Dose 1 in order to continue working.
- This approach will align with the treatment of staff who are newly hired between September 14 and October 11, 2021 under the existing terms of the Order. It will also help reduce potential staffing shortages arising from exclusion of staff who have complied with vaccination but were late in receiving Dose 1.

- We plan to publish the amended order on Monday, October 4 to give any unvaccinated staff time to get a first dose.
- DO NOT COMMUNICATE THE PLAN ABOVE IN ADVANCE OF THE ORDER BEING PUBLISHED.

## 2. Exemptions for medical contraindications

- The PHO is authorizing only consideration of medical exemptions. This was published in the *COVID-19 Vaccination Status Information And Preventive Measures Order – September 27, 2021* (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-vaccination-status-information.pdf>) i.e. see page 16:

“Pursuant to section 54 (1) (h) of the Public Health Act, and in accordance with the emergency powers set out in Part 5 of the Public Health Act, I will not be accepting requests for reconsideration of this Order under section 43, except for the purpose of seeking a medical exemption, as provided for in section 56.”

## 3. Scope of Health Sector Wide Mandatory Vaccination Order

- All workers employed or funded by a regional health authority, the Provincial Health Services Society, and the British Columbia Emergency Health Services, where ever they work
- All workers funded directly by the above organizations or directly by the Ministries of Health or Mental Health and Addictions, or otherwise supported by them which provide health care or other services in a hospital or in the community e.g. hospitals, residential care facilities, community care services e.g. mental health, home nursing, nursing support services in schools, home support, including caregivers hired by Choice in Supports for Independent Living or by clients to provide care, patient medical homes, community health centres, urgent and primary care centres, public health units, emergency health services, adult day care, medical, laboratory or diagnostic facilities.
- All workers who work in facilities licensed or registered under *Community Care and Assisted Living Act* e.g. residential care, assisted living for mental health care, seniors and persons with disabilities, supportive recovery, hospice, community living, acquired injury
- This scope is in addition to the services covered by the *Residential Care Staff COVID-19 Preventive Measures* order i.e. long term care facilities, private hospitals, stand alone extended care hospitals, assisted living residences for seniors, provincial mental health facilities
- Does not include a visitor, a peer worker in an overdose prevention site or supervised consumption site, a private practitioner working in a private practice that is not contract or grant funded from one of the above or that does not have staff working in the practice from the above, or licensed child care

Hope this is helpful and let me know if you need more information.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
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## RE: Medical Exemption Requests

---

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
To: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>  
Sent: October 1, 2021 3:34:32 PM PDT

Thanks Eugene. Given all the things that are in play I have suggested we meet first thing Monday am with the larger group to discuss them. In the interim, I have inserted my thoughts below, in red.

Looping in Evan and Matt.

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Sent:** October 1, 2021 2:54 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>  
**Subject:** RE: Medical Exemption Requests

Hi all,

As a follow-up to Kiersten's question, I would add a few more that came from the health authorities:

- In relation to the medical exemption request – what will be the expectations around accommodation? Will it be masking AND testing? In particular, will health authorities need to have the capacity for rapid testing across the entire sector to address staff with medical exemptions? With the expanded order, this will be quite challenging due to the number of sites in scope and the fact that many staff roles are not confined to a single site.  
To-date we have said the expectations around accommodation will be dealt with on a case by case basis based on the MHO granting the exemption. Given the narrow scope of the medical criteria for an exemption I personally think it will only be a handful of employees that will be granted an exemption. In those situations though it may very well will be the case that rapid testing will be required ongoingly.
- In relation to the scope outline for the forthcoming order – what is status of healthcare staff in correctional facilities? The current scope document is unclear on whether those staff are in scope.  
We will need to be explicit but I believe they are in scope and will need to be vaccinated.
- With regard to the anticipated amendment to allow partially vaccinated staff to continue working – what happens with individuals who get vaccinated after October 12? Are they immediately allowed to return to work, or do they need to wait 7 days to develop immunity from the first dose? Or will they still need both doses?  
We need to confirm with the PHO, but in short I believe they should be allowed to return to work after receiving one shot and have waited the requisite time period for the first dose to reach its effectiveness. The caveat though is they must have a plan to receive the second dose within 35 days and understand that failing to will mean they are no longer able to work until they do.

I would normally bring up these questions at our Tuesday Steering Committee, but I'm under the impression that the amendments and order might be coming on that date, so wanted to make sure they were considered prior to release.

Cheers

Eugene Johnson  
Director, Emergency Medical Assistants Licensing Branch  
Health Sector Workforce and Beneficiary Services Division  
Ministry of Health

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** October 1, 2021 11:28 AM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>

**Subject:** Medical Exemption Requests

Quick question, as I think this discussion was evolving earlier this week with PHO and Leadership Council and I don't want to get it wrong... unvaccinated staff who put forward a request for a medical exemption, are they allowed to continue working with preventative measures on/after Oct 12 until a decision is made on their request? – The present answer is no, they can not work. Having said that, let's discuss on Monday to review the position.

Apologies for all the questions! We will get these into the Q&A once we have clarity

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

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## RE: Approach to Employment Consequences for Unvaccinated Staff

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 1, 2021 6:59:50 PM PDT  
Attachments: Draft GIU re Employment Consequences.DOCX

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Brian and Mark,

s.13; s.17

s.22

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
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[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ífwitulh (Tsleil-Waututh), and x̓w̓m̓əθ kwəy̓əm (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** Wednesday, September 29, 2021 3:00 PM  
**To:** Matt Prescott <MattP@heabc.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

Thanks very much for the creative thinking Matt!

I discussed this with Bonnie and she is supportive of giving extra time for people who have had one dose to get a second dose, and agrees with aiming for October 4 for an amended order, but not communicating this change until we actually publish the order.

FYI, we just had a discussion here and Peter Pokorny he would like us to let CEOs know of this so they can factor it into their contingency planning, so this idea will start to flow out in that direction.

s.13; s.17

As always, really appreciate your contributions to making good ideas turn into reality!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** September 28, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>  
**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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Hi Brian,

Thanks again for the discussion this morning about employment consequences for current staff who are not fully vaccinated by the October 12 deadline. I've attached our BN written yesterday for reference, and below I have provided some bullet points outlining the approach discussed on our call, for consideration.



I'm happy to answer any questions from the group or arrange another call if needed to confirm the direction. We'll begin working on a communication to be ready on Monday on the assumption that this approach is supported, unless I hear otherwise from you.

**Recommended option for consideration**

s.13; s.17

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
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[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tseil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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## Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 2, 2021 8:39:19 AM PDT  
Attachments: Vaccination Status Information Order Oct. 2 consult.docx, Draft GIU re Employment Consequences.DOCX, Residential Care Preventive Measures Order Oct. 2 consult.docx  
Thanks Matt for the draft GIU.

Attached for your review are the draft residential care related orders planned for Monday. With the passage of time we have separated them more clearly in to one related to vaccination status reporting, and one related to preventive measures. Here is a synopsis:

s.13; s.17

The hospital and community order will follow, and thinking of planning it for Tuesday, as some additional consultation is needed.

Looking forward to your feedback.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** October 1, 2021 7:00 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>

**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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Brian and Mark,

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
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Office: 604.714.2295  
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**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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s.13; s.17

As always, really appreciate your contributions to making good ideas turn into reality!

Brian

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T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Sent:** September 28, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>

Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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**Recommended option for consideration**

s.13; s.14

s.13; s.14

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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Page 594 of 989 to/à Page 635 of 989

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s.13 ; s.17



Page 636 of 989 to/à Page 637 of 989

Withheld pursuant to/removed as

s.14

## RE: Approach to Employment Consequences for Unvaccinated Staff

---

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
To: Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 2, 2021 9:22:48 AM PDT  
Attachments: Draft GIU re Employment Consequences with ma edits and comments.docx  
Hi Matt,

Thanks for sharing the draft. I have made a few minor edits and added some comments/questions to the attached version. Overall though I think the draft looks good and that we should not be including the alternate approach at this time.

Thank you to you and your team for preparing the draft.

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** October 1, 2021 7:00 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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Brian and Mark,

s.13; s.17

s.13; s.17

s.22

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
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As always, really appreciate your contributions to making good ideas turn into reality!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

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**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** September 28, 2021 2:42 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>

**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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Hi Brian,

Thanks again for the discussion this morning about employment consequences for current staff who are not fully vaccinated by the October 12 deadline. I've attached our BN written yesterday for reference, and below I have provided some bullet points outlining the approach discussed on our call, for consideration.

I'm happy to answer any questions from the group or arrange another call if needed to confirm the direction. We'll begin working on a communication to be ready on Monday on the assumption that this approach is supported, unless I hear otherwise from you.

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s.13; s.17

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## RE: Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

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From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 2, 2021 9:39:10 AM PDT  
Hi Brian,

Thanks for the email and all the work on thinking through the potential amendments to the Order.

Overall the approach looks good however I am not sure about the bullet I have highlighted below..... I don't believe it is consistent with the draft HEABC GIU language presently, in particular whether an individual can work immediately after getting a first shot or whether they need to wait seven days before being able to return to the workplace?

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
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**Sent:** October 2, 2021 8:39 AM  
**To:** Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
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**Subject:** Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

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Attached for your review are the draft residential care related orders planned for Monday. With the passage of time we have separated them more clearly in to one related to vaccination status reporting, and one related to preventive measures. Here is a synopsis:

s.13; s.17

The hospital and community order will follow, and thinking of planning it for Tuesday, as some additional consultation is needed.

Looking forward to your feedback.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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Brian and Mark,

s.13; s.17

s.22

Thanks,  
Matt

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Vice President, Legal Services, Negotiations & Labour Relations  
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Brian

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BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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## RE: Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

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To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 2, 2021 2:31:40 PM PDT  
Attachments: Vaccination Status Information Order Oct. 2 consult.docx, Draft GIU re Employment Consequences.DOCX, Residential Care Preventive Measures Order Oct. 2 consult.docx

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Thank you Brian.

s.13; s.17

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
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**Sent:** Saturday, October 2, 2021 9:39 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
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**Sent:** October 1, 2021 7:00 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>

**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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Brian and Mark,



Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Wednesday, September 29, 2021 3:00 PM  
**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

Thanks very much for the creative thinking Matt!

I discussed this with Bonnie and she is supportive of giving extra time for people who have had one dose to get a second dose, and agrees with aiming for October 4 for an amended order, but not communicating this change until we actually publish the order.

FYI, we just had a discussion here and Peter Pokorny he would like us to let CEOs know of this so they can factor it into their contingency planning, so this idea will start to flow out in that direction.

s.13; s.17

As always, really appreciate your contributions to making good ideas turn into reality!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Sent:** September 28, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>

**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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Hi Brian,

Thanks again for the discussion this morning about employment consequences for current staff who are not fully vaccinated by the October 12 deadline. I've attached our BN written yesterday for reference, and below I have provided some bullet points outlining the approach discussed on our call, for consideration.

I'm happy to answer any questions from the group or arrange another call if needed to confirm the direction. We'll begin working on a communication to be ready on Monday on the assumption that this approach is supported, unless I hear otherwise from you.

**Recommended option for consideration**

s.13; s.17

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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**WARNING:** This email originated **outside of HEABC. DO NOT CLICK** links or attachments unless you recognize the sender's email address, name and know the content is safe.

## Re: Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>  
Sent: October 2, 2021 5:48:08 PM PDT

Hi Matt and thanks for flagging that it seemed was proposing a third option. That was an error. I meant to include the seven day post first dose return to work caveat in my notes, per the alternative option in your table.

I have asked Fiona to include that in the next draft of the order.

You are right about lots of competing policy options at play here.

Thanks again.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T [250.952.1701](tel:250.952.1701) C s.17 F. [250.952.1713](tel:250.952.1713) [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

On Oct 2, 2021, at 2:32 PM, Matt Prescott <MattP@heabc.bc.ca> wrote:

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thank you Brian.

s.13; s.17

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Sent:** Saturday, October 2, 2021 9:39 AM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>

**Subject:** RE: Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

Hi Brian,

Thanks for the email and all the work on thinking through the potential amendments to the Order.

Overall the approach looks good however I am not sure about the bullet I have highlighted below.... I don't believe it is consistent with the draft HEABC GIU language presently, in particular whether an individual can work immediately after getting a first shot or whether they need to wait seven days before being able to return to the workplace?

Thanks

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** October 2, 2021 8:39 AM

**To:** Matt Prescott <MattP@heabc.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Michael McMillan <Michael.McMillan@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>

**Subject:** Proposed Residential Care Orders & Approach to Employment Consequences for Unvaccinated Staff

Thanks Matt for the draft GIU.

Attached for your review are the draft residential care related orders planned for Monday. With the passage of time we have separated them more clearly in to one related to vaccination status reporting, and one related to preventive measures. Here is a synopsis:

s.13; s.17

The hospital and community order will follow, and thinking of planning it for Tuesday, as some additional consultation is needed.

Looking forward to your feedback.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C s.17 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** October 1, 2021 7:00 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

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**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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Brian and Mark,

s.13; s.17

s.22

Thanks,  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
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**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Wednesday, September 29, 2021 3:00 PM  
**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
**Subject:** RE: Approach to Employment Consequences for Unvaccinated Staff

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s.13; s.17

As always, really appreciate your contributions to making good ideas turn into reality!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Sent:** September 28, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>  
**Subject:** Approach to Employment Consequences for Unvaccinated Staff

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Hi Brian,

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**Recommended option for consideration**

s.13; s.17

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
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[heabc.bc.ca](http://heabc.bc.ca)

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<Residential Care Preventive Measures Order Oct. 2 consult.docx>

<Vaccination Status Information Order Oct. 2 consult.docx>

<Draft GIU re Employment Consequences.DOCX>

Page 668 of 989 to/à Page 713 of 989

Withheld pursuant to/removed as

s.13 ; s.14 ; s.17

## RE: Residential Care Orders & Hospital and Community Care Order

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>  
Sent: October 3, 2021 11:29:20 PM PDT  
Attachments: Vaccination Status Information Order Oct. 3 consult .docx, Residential Care Preventive Measures Order Oct. 3 consult.docx, Hospital and Community Settings Order Oct. 3 consult.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

Thank you for sharing the latest drafts. s.13; s.17  
s.13; s.17; s.22

As always, I hope this feedback is helpful and please let me know if I have misread the draft orders.

### Feedback on Updated Residential Care Staff Order

s.13; s.17

### Feedback on Expanded Order:

s.13; s.17

Page 715 of 989 to/à Page 720 of 989

Withheld pursuant to/removed as

s.13 ; s.17

Page 721 of 989 to/à Page 722 of 989

Withheld pursuant to/removed as

s.13 ; s.15 ; s.17

Page 723 of 989 to/à Page 724 of 989

Withheld pursuant to/removed as

s.13 ; s.17



Page 725 of 989 to/à Page 726 of 989

Withheld pursuant to/removed as

s.13 ; s.15 ; s.17

Page 727 of 989

Withheld pursuant to/removed as

s.13 ; s.17

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<Residential Care Preventive Measures Order Oct. 2 consult.docx> <Vaccination Status Information Order Oct. 2 consult.docx> <Draft GIU re Employment Consequences.DOCX>

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## RE: PHO Meeting with LTC Sector

---

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Sent: October 4, 2021 9:58:57 AM PDT

Brian, are you comfortable attending a meeting with the Sector associations and HAs to discuss the items highlighted below? We can work around your schedule if Wednesday morning doesn't work (and ensure it's scheduled after the mandatory vaccination orders are out, noting that is keeping you very busy).

Mark, in addition to extending the SSO clusters, <sup>s.13; s.17</sup>  
s.13; s.17

Kiersten

---

**From:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Sent:** October 3, 2021 8:54 AM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
**Subject:** RE: PHO Meeting with LTC Sector

Thanks Kiersten, Happy to participate in the mtg. in whatever way makes sense to the group.

Just for context, the initial request from the Employer reps to meet with the PHO (made on Sept. 20<sup>th</sup>) was in the context of the SSO Clustering Order and wanting it extended. I let DHA know on Sept. 28<sup>th</sup> it would be extended and committed to us arranging the mtg. with the PHO in the coming weeks.

Completely agree we should meet with the Employer Organizations to discuss the topics and I am also very alive to the amount of work presently pressing on the PHO related to the mandatory vaccination orders. Additionally I think an pre-meet to insure we are aligned on our responses to the questions would be important.

I will defer to Brian on what his preference is on timing?

Thanks,

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
Phone (250) 952-3519

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 2, 2021 2:04 PM  
**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
**Subject:** PHO Meeting with LTC Sector

Hi Mark and Brian,

On the LTC sector call this past week, the associations continued to press for a meeting with the PHO to discuss SSO (I think we committed to working to set that up Mark), as well as a number of other items. I asked them to send me a list of the topics/issues they would like to discuss and have noted them below. I recognize how busy everyone is, particularly our colleagues in the PHO, and I think we will be in a position to respond to a number of the issues next week. Given that, I wonder if a preferred approach would be to request Brian to attend the Wednesday morning call this week and devote the majority of the call to discussion of these items. Alternatively, we could schedule a stand alone meeting. I am making an assumption that Bonnie may be too busy to attend. Thoughts?

1. SSO exemption for fully vaccinated staff (except in outbreak)
2. Extend rapid test/mask for existing staff that have started vaccination protocol (currently only new hires)
3. Mandatory vaccination for visitors
4. Third dose for staff
5. Written document on exemption to vaccination
6. Third dose for IL residents (noting they were prioritized with LTC/AL previously)

Thanks,  
Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services  
Health Services Division | Ministry of Health  
phone: 250-952-1990 | mobile: 250-217-5040  
email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples  
This e-mail is intended solely for the person or entity to which it is addressed and may contain confidential and/or privileged information. Any review, dissemination, copying, printing or other use of this e-mail by persons or entities other than the addressee is prohibited. If you have received this e-mail in error, please contact the sender immediately and delete the material from any computer.*

## RE: Residential Care Order - Privileged & Confidential

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Sari Ahonen Wiens <swiens@harrisco.com>, Michael McMillan <Michael.McMillan@heabc.bc.ca>  
Sent: October 4, 2021 11:01:41 AM PDT  
Attachments: updated Oct. 4 proposed edits from HEABC - Residential Care Preventive Measures Order Oct. 3 consult.DOCX

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

See proposed edits, which are intended to solidify the requirement for current staff to have received one dose by October 11 in order to continue working, subject to the exception for those who get dose 1 during the two week unpaid leave who can come back 7 days after.

If you have any questions please call my cell – I will step out of meetings.

Thanks  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *s̓kwx̓wú7mesh* (Squamish), *sel̓il̓wutl̓h* (Tsleil-Waututh), and *xwməθ kwəy̓əm* (Musqueam) nations.

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---

**From:** Matt Prescott  
**Sent:** Monday, October 4, 2021 10:04 AM  
**To:** Emerson, Brian P HLTH:EX (Brian.Emerson@gov.bc.ca) <Brian.Emerson@gov.bc.ca>  
**Cc:** Sari Ahonen Wiens <swiens@harrisco.com>; Michael McMillan <Michael.McMillan@heabc.bc.ca>  
**Subject:** Residential Care Order - Privileged & Confidential  
**Importance:** High

Hi Brian,

I just tried to call you as we just discovered another issue with Section A of the Residential Care Order. Basically we seem to have lost the clause that says you can't work after the 11<sup>th</sup> if you don't have one dose by then. We'll send an explanation and some proposed language within the next hour. Just wanted you to know as I know you're working to get the order finalized and signed in the next few hours.

Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the  $\text{skw}\text{xw}\text{ú}7\text{mesh}$  (Squamish),  $\text{selil}\text{w}\text{it}\text{ulh}$  (Tsleil-Waututh), and  $\text{xwm}\text{ə}\theta$   $\text{kwəy}\text{əm}$  (Musqueam) nations.

**Confidentiality notice:** *The information contained in this email is confidential and may be privileged. It is intended solely for the use of the designated addressee(s). Any unauthorized viewing, disclosure, copying, distribution or use of the information contained in this email is prohibited and may be unlawful. If you have received this email in error, please reply to the sender immediately to inform them that you are not the intended recipient and delete the email from your computer system. Thank you.*

Page 733 of 989 to/à Page 752 of 989

Withheld pursuant to/removed as

s.13 ; s.17



## Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021

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From: Emerson, Brian P HLTH:EX  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, (Lorie.Hrycuik@gov.bc.ca) <Lorie.Hrycuik@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
Sent: October 4, 2021 2:10:45 PM PDT  
Attachments: Residential Care Preventive Measures Order Oct. 4 final.pdf  
Good afternoon.

Attached is the revised *Residential Care COVID-19 Preventive Measures Order*, which replaces the *Residential Care Staff COVID-19 Preventive Measures PHO Order*, which will be sent for posting to the PHO website.

The changes are that:

- Staff hired between October 12-26 must have one dose of vaccine, be seven days post one dose, follow preventive measures (mask and be tested), and must get the second dose 28-35 days after the first dose
- Staff who receive one dose prior to October 12 can work if they follow preventive measures, but must get a second dose between 28 to 35 days after the first dose.
- Staff who are ineligible to work after October 12 because they did not get a first dose and then decide to get one, can work seven days after the dose, and must follow preventive measures. They must receive a second dose second dose between 28 to 35 days after the first dose.
- Anyone hired after October 25 must be fully vaccinated.
- Allowance is made for medical exemptions. If waiting for a medical exemption decision they must follow preventive measures
- The requirements that outside health care, personal and other providers must follow which were in the Vaccination Status order are now in this order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021 for web posting

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From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Ashley.Halicki@gov.bc.ca, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Amos, Heather <heather.amos@bccdc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: October 4, 2021 2:28:55 PM PDT  
Attachments: Residential Care Preventive Measures Order Oct. 4 final.pdf

Good afternoon.

Please post the attached.

Title is “Residential Care COVID-19 Preventive Measures– October 4, 2021”.

Please move “[Residential Care Staff COVID-19 Preventive Measures PHO Order – September 2, 2021 \(PDF, 444KB\)](#) to the Preventive measures archive.

The changes are that:

- Staff hired between October 12-26 must have one dose of vaccine, be seven days post one dose, follow preventive measures (mask and be tested), and must get the second dose 28-35 days after the first dose
- Staff who receive one dose prior to October 12 can work if they follow preventive measures, but must get a second dose between 28 to 35 days after the first dose.
- Staff who are ineligible to work after October 12 because they did not get a first dose and then decide to get one, can work seven days after the dose, and must follow preventive measures. They must receive a second dose second dose between 28 to 35 days after the first dose.
- Anyone hired after October 25 must be fully vaccinated.
- Allowance is made for medical exemptions. If waiting for a medical exemption decision they must follow preventive measures
- The requirements that outside health care, personal and other providers must follow which were in the Vaccination Status order are now in this order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**RE: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021  
for web posting**

---

From: Emerson, Brian P HLTH:EX  
To: van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>  
Cc: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>  
Sent: October 4, 2021 3:05:07 PM PDT  
Hi Amanda.

This is an amendment of an existing order and is being provided to the unions this afternoon and has been distributed to the health authorities to assist with their contingency planning for long term care and assisted living staffing, so is already essentially public. and HEABC will be linking to it so it is important that they are able to refer to it as soon as possible.

I wonder if you are thinking that this is the broader health sector order? Hoping to get that up tomorrow.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>  
**Sent:** October 4, 2021 2:53 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>; Havens, Jessica HLTH:EX <Jessica.Havens@gov.bc.ca>; XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>  
**Subject:** Re: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021 for web posting

Can we wait to post until the avail tmrw.

Sent from my iPhone

On Oct 4, 2021, at 2:28 PM, Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:

Good afternoon.

Please post the attached.

Title is “Residential Care COVID-19 Preventive Measures– October 4, 2021”.

Please move “[Residential Care Staff COVID-19 Preventive Measures PHO Order – September 2, 2021 \(PDF, 444KB\)](#) to the Preventive measures archive.

The changes are that:

- Staff hired between October 12-26 must have one dose of vaccine, be seven days post one dose, follow preventive measures (mask and be tested), and must get the second dose 28-35 days after the first dose
- Staff who receive one dose prior to October 12 can work if they follow preventive measures, but must get a second dose between 28 to 35 days after the first dose.
- Staff who are ineligible to work after October 12 because they did not get a first dose and then decide to get one, can work seven days after the dose, and must follow preventive measures. They must receive a second dose second dose between 28 to 35 days after the first dose.
- Anyone hired after October 25 must be fully vaccinated.
- Allowance is made for medical exemptions. If waiting for a medical exemption decision they must follow preventive measures
- The requirements that outside health care, personal and other providers must follow which were in the Vaccination Status order are now in this order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

<Residential Care Preventive Measures Order Oct. 4 final.pdf>

## PHO Orders – Vaccinations / Steering Committee

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From: Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
To: Clemence, Christopher HLTH:EX <Christopher.Clemence@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Lowe, Jordon HLTH:EX <Jordon.Lowe@gov.bc.ca>, Barbero, Rachel HLTH:EX <Rachel.Barbero@gov.bc.ca>, Lee, Sherry HLTH:EX <Sherry.Lee@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, DaveH@heabc.bc.ca, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, MattP@heabc.bc.ca, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Hrycuik, Lorie FLNR:EX <Lorie.Hrycuik@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>, Johnston, Rory N HLTH:EX <Rory.Johnston@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Corscadden, Lisa HLTH:EX <Lisa.Corscadden@gov.bc.ca>  
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Johal, Charnpreet K HLTH:EX <Charnpreet.Johal@gov.bc.ca>  
Sent: October 5, 2021 10:45:04 AM PDT  
Attachments: Residential Care Preventive Measures Order Oct. 4 final.pdf, GIU-319.pdf, Hospital and Community Settings Order Oct. 3 consult.docx

Hi everyone,

Attached is the recently update to the Residential Care order and the accompanying GIU from HEABC that outlines the employment consequences that go with the revised expectations regarding partially and fully vaccinated.

Also attached is the draft Hospital and Community Order. As indicated in the discussion, this is still evolving for some of the scope considerations.

Cheers

Eugene Johnson  
Director, Emergency Medical Assistants Licensing Branch  
Health Sector Workforce and Beneficiary Services Division  
Ministry of Health  
[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca) or (778) 698-8428



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

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

### ***RESIDENTIAL CARE COVID-19 PREVENTIVE MEASURES – OCTOBER 4, 2021***

The *Public Health Act* is at:

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

(excerpts enclosed)

- TO: PERSONS WHO OPERATE OR PROVIDE HOUSING AND SERVICES IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES FOR SENIORS, (HEREINAFTER REFERRED TO AS AN “OPERATOR” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES, INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS WHO ARE EMPLOYED TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: PERSONS WHO PROVIDE CARE, SERVICES, SUPPORT OR OTHER MATTERS IN FACILITIES**

#### **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 heightened the risk to the population generally and particularly to frail elderly and persons with underlying medical conditions;

---

**Ministry of Health**

Office of the  
Provincial Health Officer

s.15: s.19  
PO Box 9648 STN PROV GOVT  
Victoria BC V8W 9P4  
Fax: (250) 952-1570  
<http://www.health.gov.bc.ca/pho/>

- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Unvaccinated persons are at higher risk than vaccinated persons 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. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated, since despite the fact that vaccination is the single most effective protection against illness, vaccination is not completely protective, and protection may wane with time;
- H. Vaccination is safe, very effective and the single most important preventive measure a staff member or a person providing health care, personal care, other services or support can take to protect residents, and the health care and personal care workforce, from infection, severe illness and possible death from COVID-19.
- I. There are clear, objective criteria for determining whether a person has a medical contraindication to a COVID-19 vaccination, and very few people fall into this category.
- J. 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.
- K. 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.
- L. Both the public health and the health care systems are using a disproportionate amount 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.
- 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. I recognize the effect which the measures I am putting in place to protect the health of the residents and staff in facilities may have on people who are unvaccinated or who remain susceptible even if vaccinated, 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 to residents of facilities created by the presence of unvaccinated persons in facilities;

- P. 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 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;
- Q. 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 residents and staff in facilities;
- R. After weighing the health interests of residents and staff in facilities, against the interests of persons who provide care and services in those settings who are not vaccinated for reasons other than medical contraindication, and taking into account the importance of maintaining a healthy workforce in residential care 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 contraindication to vaccination.
- S. I have reason to believe and do believe that
- (i) the presence of an unvaccinated staff member or other provider in a facility constitutes a health hazard under the *Public Health Act*;
  - (ii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated staff or other providers in facilities, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

**THIS ORDER REPEALS AND REPLACES THE *RESIDENTIAL CARE STAFF COVID-19 PREVENTIVE MEASURES ORDER MADE ON SEPTEMBER 2, 2021***

**DEFINITIONS:****In this Order**

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

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

**“employer”** means a person who employs a staff member;

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

**“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;

**“new staff member”** means a person hired after October 25, 2021 to work in a facility;

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

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, or a licensee or a registrant under the *Community Care and Assisted Living Act*;

**“outside health care or personal care provider”** means a medical practitioner, nurse, physiotherapist, occupational therapist, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

**“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but does not include a visitor;

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

**“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;

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“proof of vaccination”** means by providing a vaccine card;

**“provider”** means a person to whom one of Parts F through K applies;

**“rapid test”** means a test that

- a. is administered using a device commonly known as a “rapid testing device” or “point-of-care test device”,
- b. is used as a screening tool for the communicable disease known as COVID-19,
- c. provides test results at the point of testing within approximately 20 minutes of the test being administered, and
- d. is approved for use in Canada by the department of the federal government responsible for regulating health devices;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract, and a medical practitioner who is in either an employment or contractual relationship with an operator, which requires the medical practitioner to work in a facility;

**“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).

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

**“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.

**A. STAFF MEMBERS HIRED BEFORE OCTOBER 26, 2021**

1. An unvaccinated staff member hired after October 11, 2021 and before October 26, 2021, must not work in a facility, or accompany a resident away from a facility, until the staff member has received one dose of vaccine and 7 days have passed.
2. An operator and an employer must not permit an unvaccinated staff member hired after October 11, 2021 and before October 26, 2021, to work in a facility, or to accompany a resident away from a facility, unless the staff member has received one dose of vaccine and seven days have passed.
3. A staff member to whom section 1 applies, must comply with the preventive measures in Part B.
4. An operator and an employer must not permit a staff member to whom section 1 applies to work in a facility, or to accompany a resident away from a facility, unless 7 days have passed from the time the staff member received a dose of vaccine, and the staff member complies with the preventive measures in Part B.
5. Subject to sections 6 and 8, a staff member hired before October 12, 2021, must be vaccinated to work in a facility, or accompany a resident away from a facility, after October 11, 2021.
6. Subject to section 7, and despite section 5,
  - a. an unvaccinated staff member who received one dose of vaccine before October 12, 2021 may work in a facility, or accompany a resident away from a facility, after October 11, 2021, if the staff member complies with the preventive measures in Part B., or
  - b. an unvaccinated staff member who is ineligible to work as of October 12, 2021, because the staff member did not receive one dose of vaccine before October 12, 2021, but who received one dose of vaccine before October 26, may, 7 days after receiving the dose of vaccine, work in a facility, or accompany a resident away from a facility, after October 11, 2021, if the staff member complies with the preventive measures in Part B.

7. Despite section 6, an unvaccinated staff member described in section 6 a. or b., must not continue to work in a facility more than 35 days after receiving the first dose of vaccine, unless the staff member has received a second dose of vaccine between 28 to 35 days after the first dose, and continues to comply with the preventive measures in Part B until 7 days after the receiving the second dose of vaccine.
8. An operator and an employer must not permit an unvaccinated staff member described in section 6 a. or b.,
  - a. to work in a facility if the staff member is not in compliance with section 6, or
  - b. to continue to work in a facility more than 35 days after receiving the first dose of vaccine, if the staff member has not received a second dose of vaccine between 28 to 35 days after the first dose.

## **B. PREVENTIVE MEASURES**

1. A staff member who is required to comply with preventive measures must
  - a. wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility, except when consuming food or a beverage,
  - b. be tested for COVID-19 by means of a rapid test at a facility at every shift.
2. If a rapid test result is positive, an unvaccinated staff member must
  - a. notify the operator and employer, if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
3. The operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility.

4. The operator must make provision for the rapid testing of staff for COVID-19 in a facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 1.
5. The operator and the employer, if not the operator, must require an unvaccinated staff member, who tests positive after a rapid test, to leave the facility immediately it is operationally safe to do so.
6. An unvaccinated staff member who is not in compliance with sections 1 and 2, must not be in a facility, and must not accompany a resident away from a facility.
7. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result, after receiving a positive test result from a rapid test, must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return is approved by the medical health officer.
8. An operator and employer, if not the operator, must not permit an unvaccinated staff member, who is not in compliance with sections 1 and 2, to be in a facility, or to accompany a resident away from a facility.
9. An operator and employer, who is not an operator, must not permit an unvaccinated staff member, who tests positive on a rapid test, to return to a facility, until the staff member provides a negative PCR test result, 10 days have passed from the time of the positive rapid test result, or an earlier return is approved by the medical health officer.

**C. STAFF MEMBERS WITH AN EXEMPTION FROM VACCINATION OR WHO HAVE APPLIED FOR AN EXEMPTION IN COMPLIANCE WITH THIS ORDER**

1. Despite Part A,
  - a. an unvaccinated staff member with an exemption from vaccination may work in a facility, if the staff member is in compliance with the conditions of the exemption, or
  - b. an unvaccinated staff person who has made a request for an exemption and provided a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement, may work in a facility, if the staff member complies with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
2. An operator or employer must not permit an unvaccinated staff person to whom either section 1 (a) or (b) applies to work in a facility, if the person is not in compliance with section 1.

**D. PREVENTIVE MEASURES APPLICABLE TO NEW STAFF [hired after October 25, 2021]**

1. A new staff member must be vaccinated to work in a facility, or to accompany a resident away from a facility.
2. An unvaccinated new staff member must not work in a facility, or accompany a resident away from a facility.
3. An operator must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.
4. An employer must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.

**F. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination or an exemption, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider 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 facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination or an exemption provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination or an exemption must not be in a facility.
6. An operator must request proof of vaccination or an exemption from an outside health care or personal care provider who seeks access to a facility.

7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination or an exemption to be in a facility.
8. An operator must make and retain a record of proof of vaccination, or an exemption provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. 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 facility.
2. An operator must request proof of vaccination or an exemption from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination or an exemption to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination or an exemption must not be in a facility.
2. An operator must request proof of vaccination or an exemption from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination or an exemption, to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination or an exemption, and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,



- b. maintain a two metre distance from every other person in the facility.
- 2. A regular other outside provider who does not have close contact with a resident, 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 facility.
- 3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1 to be in a facility.
- 4. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

- 5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
- 6. An operator must request proof of vaccination or an exemption from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
- 7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
- 8. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

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

2. An occasional other outside provider who has close contact with a resident, 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 facility.
3. An operator must not permit an occasional other outside provider who has close contact with a resident, 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 facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
6. An operator must request proof of vaccination or an exemption from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
8. An operator must make and retain a record of proof of vaccination, or an exemption provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit an occasional other outside provider who does not have close contact with a resident, 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 facility.
4. An operator must make and retain a record of proof of vaccination or an exemption provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. PROVIDERS WITH AN EXEMPTION OR WHO HAVE APPLIED FOR AN EXEMPTION**

1. A unvaccinated provider who has an exemption must not be in a facility, unless the provider is in compliance with the conditions of the exemption.
2. An operator must not permit an unvaccinated provider with an exemption to be in a facility, unless the provider is in compliance with the conditions of the exemption.
3. Despite Part K, an unvaccinated provider who has made a request for an exemption and provided a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement, may be in a facility, if the provider complies with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
4. An operator must not permit an unvaccinated provider to whom section 3 applies to be in a facility, if the person is not in compliance with section 3.

**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 FACILITY 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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to a facility, or a request from an 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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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 for the purpose of seeking a medical exemption must include a signed and dated statement from a medical practitioner, based upon a current assessment, that the health of the person would be seriously jeopardized if the person were to comply with the Order, and a signed and dated copy of each portion of the person's health record relevant to this statement.

A request under section 43 may be submitted to the Provincial Health Officer at [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

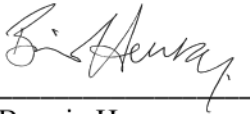
Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 4<sup>th</sup> 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****1 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;

**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.

**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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

### **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*];

Page 779 of 989 to/à Page 809 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## **RE: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021**

From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
Sent: October 6, 2021 7:27:49 AM PDT

Thanks Brent.

We are using “Residential” to capture long-term care, assisted living for seniors, stand alone extended care, and private hospitals.

This will disappear in a month when we implement the health sector wide PHO order. As an aside, I noticed that the link [COVID-19 Vaccination Status Information and Preventive Measures Order – September 9, 2021 \(PDF, 500KB\)](#) needs correction as it should actually be dated September 27, as that is the date of order that replaced the September 9 order, which is now in the archives. When you click on the above it does open the September 27 version of the order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
**Sent:** October 5, 2021 2:42 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021

Hi Brian – see below -

---

**From:** Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>  
**Sent:** October 5, 2021 2:33 PM  
**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021

Hi – is this already up? FH had said this morning it’s no longer ‘residential’ but either LTC or AL.

---

**From:** Nuraney, Naseem [FH] <Naseem.Nuraney@fraserhealth.ca>  
**Sent:** October 5, 2021 11:13 AM  
**To:** Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>  
**Cc:** XT:Blackwell, Jacqueline GCPE:IN <Jacqueline.blackwell@fraserhealth.ca>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO Order – October 4, 2021

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi there,  
I know this is being worked on for publication soon - just wanted to flag the language in this – we no longer refer to it as “residential care”. Just wanted to share that for your consideration.

## Residential Care COVID-19 Vaccination Status Information PHO Order – October 6, 2021

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From: Emerson, Brian P HLTH:EX  
To: Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>, Smith, Pam K HLTH:EX <Pam.K.Smith@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>, Benusic, Michael [VIHA] <Michael.Benusic@viha.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Trish Sterloff <Trish.Sterloff@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Gudavicius, Geoff HLTH:EX <Geoff.Gudavicius@gov.bc.ca>, Richards, Heather A HLTH:EX <Heather.Richards@gov.bc.ca>, Carvalho, Chris [PHSA] <chris.carvalho@phsa.ca>, Malovec, Anita HLTH:EX <anita.malovec@gov.bc.ca>, Pannekoek, Joanna [PHSA] <joanna.pannekoek@phsa.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>, Perry, Tim HLTH:EX <Tim.Perry@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Wright, Martin P HLTH:EX <Martin.P.Wright@gov.bc.ca>  
Sent: October 6, 2021 10:50:36 AM PDT  
Attachments: Vaccination Status Information Order Oct. 6 final.pdf

Good morning.

This order has been updated due to moving the preventive measures requirements for outside providers from the September 27 version of this order to the new *Residential Care COVID-19 Preventive Measures PHO Order*.

In the process we made some other updates to reflect the evolving circumstances:

- Removed mention of provincial mental health facilities as they will be covered with the Hospital and Community order
- Required operators who have access to the Workplace Health Indicator Tracking and Evaluation (WHITE) data base to use that going forward for vaccination status confirmation of staff and outside health care practitioners
- Included the ability to provide exemption document at as an alternative to vaccination documentation, to recognize the exemption process in the *Preventive Measures* order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## Residential Care COVID-19 Vaccination Status Information PHO Order – October 6, 2021 for web posting

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From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Halicki, Ashley HLTH:EX (Ashley.Halicki@gov.bc.ca) <Ashley.Halicki@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Leah.Holiday@gov.bc.ca, Jessica HLTH:EX Havens (Jessica.Havens@gov.bc.ca) <Jessica.Havens@gov.bc.ca>, Amos, Heather <heather.amos@bccdc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: October 6, 2021 10:57:22 AM PDT  
Attachments: Vaccination Status Information Order Oct. 6 final.pdf  
Good morning.

Please post the attached.

Title is “Residential Care COVID-19 Vaccination Status Information – October 6, 2021”.

Please move “[COVID-19 Vaccination Status Information and Preventive Measures Order – September 27, 2021 \(PDF, 500KB\)](#) to the Preventive measures archive.

This order has been updated due to moving the preventive measures requirements for outside providers from the September 27 version of this order to the new *Residential Care COVID-19 Preventive Measures PHO Order*.

In the process we made some other updates to reflect the evolving circumstances:

- Removed mention of provincial mental health facilities as they will be covered with the upcoming Hospital and Community order
- Required operators who have access to the Workplace Health Indicator Tracking and Evaluation (WHITE) data base to use that going forward for vaccination status confirmation of staff and outside health care practitioners
- Included the ability to provide exemption document as an alternative to vaccination documentation, to recognize the exemption process in the *Preventive Measures* order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 53, 54 (1) (k), 56, 57 (1), 67 (2) and 69  
*Public Health Act*, S.B.C. 2008)

### ***RESIDENTIAL CARE COVID-19 VACCINATION STATUS INFORMATION – OCTOBER 6, 2021***

The *Public Health Act* is at:

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

- TO: PERSONS WHO OPERATE AND PERSONS WHO ADMIT PERSONS TO OR PROVIDE HOUSING AND SERVICES IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES FOR SENIORS, (HEREINAFTER REFERRED TO AS AN “OPERATOR”, AN “ADMITTER” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS”, “ADMITTERS” OR AS “FACILITIES”)**
- TO: OPERATORS WHO EMPLOY STAFF TO WORK IN FACILITIES**
- TO: EMPLOYERS WHO ARE NOT OPERATORS WHO PROVIDE STAFF TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS “CONTRACTORS”)**
- TO: PERSONS IN CARE, PATIENTS AND RESIDENTS OF FACILITIES (HEREINAFTER REFERRED TO AS A “RESIDENT” OR COLLECTIVELY AS “RESIDENTS”)**
- TO: PERSONS WHO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: OUTSIDE HEALTH CARE AND PERSONAL CARE PROVIDERS**
- TO: OUTSIDE SUPPORT AND PERSONAL SERVICES PROVIDERS**
- TO: OTHER OUTSIDE PROVIDERS**



**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 heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns;
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- F. Unvaccinated persons are at higher risk than vaccinated persons 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;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated, since, despite the fact that vaccination is the single most effective protection against illness, vaccination is not completely protective, and protection may wane with time;
- H. Operators need to know the vaccination status of residents in order to implement infection prevention and control measures to protect residents and staff, including adjusting the schedules of non-vaccinated staff in the event that a facility is under enhanced surveillance for COVID-19, or there is an outbreak of COVID-19;
- I. Operators and contract employers need to know the vaccination status of staff in order to enforce preventive measures ordered by me or by the medical health officer;
- J. Medical health officers need to know the vaccination status of residents and staff at a facility on both an aggregate and individual level in order to be in a position to most effectively plan for a response to, and for the management of, an exposure or outbreak of COVID-19 at the facility;
- K. I recognize the effects which the measures I have put, and am now putting in place, to protect the health of the residents and staff of facilities may have on residents, staff, operators and contractors, 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 public, including constitutionally protected interests, against the risk of harm to residents and staff created by the presence of unvaccinated persons in facilities;

- L. 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 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;
- M. In addition, I recognize the interests protected by the *Human Rights Code* and the privacy interests of residents, staff and outside providers, and have taken all of these into consideration when exercising my powers to protect the health interests of residents and staff in facilities;
- N. I have reason to believe and do believe that
- (i) a lack of information about the vaccination status of residents and staff interferes with the suppression of SARS-CoV-2 in facilities and constitutes a health hazard under the *Public Health Act*;
  - (ii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of unvaccinated persons in facilities, operators, medical health officers and I need information about the vaccination status of residents and staff, and employers need information about the vaccination status of staff;
  - (iii) in order to confirm the vaccination status of residents in facilities, I need to
    - a. collect personal information about residents from admitters and operators; and
    - b. upon receiving the personal information of residents from admitter and operators, link this information with information in the Provincial Immunization Registry to determine the vaccination status of residents.
  - (iv) in order to confirm the vaccination status of staff in facilities, I need to
    - a. collect personal information about staff from operators; and
    - b. upon receiving the personal information of staff from employers. link this information with information in the Provincial Immunization Registry to determine the vaccination status of staff.

Sections 30, 31, 32, 39, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* authorize me to

1. order operators and admitters to report to me personal information in a resident's record,

- or collected from a resident;
2. order residents to provide personal information to admitters and operators for the purpose of reporting it to me;
  3. order operators to collect and retain vaccination status information from outside providers;
  4. order employers of staff to use personal information about staff in their staff records for the purpose of reporting it to me;
  5. order employers to collect personal information from staff which is not in their staff records for the purpose of reporting it to me;
  6. order staff to provide personal information to employers for the purpose of reporting it to me;
  7. use the personal information provided by operators, admitters, and employers to confirm the vaccination status of residents and staff by linking the information with information in the Provincial Immunization Registry;
  8. disclose the vaccination status of residents to operators, and disclose the vaccination status of staff to operators and employers, so that operators and employers may implement preventive measures ordered by me or a medical health officer, or other infection and control measures ordered by me or a medical health officer;
  9. disclose the vaccination status of residents and staff to medical health officers for the purpose of preventing and responding to exposures to, and outbreaks of, COVID-19 in facilities;

**THIS ORDER REPEALS AND REPLACES THE *COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER MADE ON SEPTEMBER 27, 2021***

It is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 43, 53, 54 (1) (k), 56, 57 (1) and (2), and 67 (2) of the *Public Health Act* **TO ORDER** as follows:

**DEFINITIONS:**

**In this Order**

“**admitter**” includes an operator;

“**BC Services Card**” mean a BC Services Card with PHN within the meaning of the Medical and Health Care Services Regulation;

“**category of staff member**” means a job description in accordance with Schedule 1;

“**contractor**” means a person who employs staff to work in a facility, but who is not an operator;

“**employer**” means an operator who employs staff, or a contractor;

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

**“facility”** means a long term care facility, a private hospital, a stand- alone extended care hospital, 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 care practitioner”** means a person who belongs to a health profession and who provides health care in a facility;

**“health profession”** has the same meaning as in the *Health Professions Act*;

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, a licensee or a registrant under the *Community Care and Assisted Living Act*;

**“staff member”** means a person employed to work in a facility by the operator of a facility, or a person employed by a contractor to work in a facility, including a person on leave;

**“vaccine card”** means the following:

- a. in the case of a person who is more than 18 years of age, 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 Vaccine Card App at <https://www.healthgateway.gov.bc.ca/vaccinecard>; 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

#### **A. OPERATORS AND ADMITTERS**

##### **MUST:**

1. With respect to existing residents whose information has not been provided to me by the date of this order, and new residents admitted after the date of this order, collect the following information from resident files, or collect the following information from residents, and provide this information by entering it at the data entry portal, or as otherwise directed by me:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate;
  - c. the resident’s personal health number; and
  - d. the resident’s date of admission.
2. Provide the date on which a resident is discharged from or ceases to live in a facility to me, at the time the resident is discharged from, or ceases to live in a facility, by entering the date, the name of the resident, and the name and address of the facility, at the data entry portal, or as otherwise directed by me.

#### **B. RESIDENTS**

##### **MUST:**

1. Provide the following information to the operator of the facility in which they reside, or to an admitter at the time of admission:
  - a. the resident’s legal first and last names;
  - b. the resident’s birthdate; and
  - c. the resident’s personal health number.
2. If the resident has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

#### **C. CONTRACTORS AND OPERATORS**

##### **I. OPERATORS WHO DO NOT HAVE ACCESS TO WHITE**

##### **MUST:**

1. With respect to staff employed by the Operator,

- a. With respect to existing staff whose information has not been provided to me by the date of this Order, collect the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number.
  - b. collect the following information from staff hired after the date of this Order, and provide this information, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number; and
    - iv. the date on which a new staff member begins to work at the facility.
  - c. provide the date on which a staff member ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
  - d. Request a staff member whose vaccination status has not been verified to produce their vaccine card or exemption.
2. Request a health care practitioner to produce their vaccine card or exemption.

## **II. OPERATORS WHO HAVE ACCESS TO WHITE**

### **MUST:**

1. With respect to staff employed by the Operator,
  - a. collect the following information from staff hired after the date of this Order, and provide this information, with the name and address of the facility in which the new staff member works, and the category to which the new staff member belongs, by entering the information at the time of hire, at the data entry portal, or as otherwise directed by me:

- i. the staff member's legal first and last names;
  - ii. the staff member's birthdate;
  - iii. the staff member's personal health number; and
  - iv. the date on which a new staff member begins to work at the facility.
- b. provide the date on which a staff member ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as directed by me.
  - c. Confirm a staff member's vaccination status by reference to WHITE, and request a staff member whose vaccination status has not been verified by reference to WHITE to produce their vaccine card.
2. Confirm a health care practitioner's vaccination status by reference to WHITE, and request a health care practitioner whose vaccination status has not been verified by reference to WHITE to produce their vaccine card or exemption.

### **III. CONTRACTORS**

#### **MUST:**

1. With respect to existing staff whose information has not been provided to me by the date of this Order, and new staff who are hired after the date of this order, collect the following information from staff records, or collect the following information from staff, including staff on leave for any reason, and provide this information to the operator of the facility in which the staff member works:
  - a. the staff member's legal first and last names;
  - b. the staff member's birthdate;
  - c. the staff member's personal health number;
  - d. a new staff member's date of hire; and
  - e. the date on which a staff member ceases to work in a facility.
2. Verify that the personal health number of each staff member provided further to section 1. is correct by comparing it to the number on the staff member's BC Services Card.
3. Destroy the record of a staff member's personal health number, once the staff member's vaccination status has been provided by the Ministry of Health to the operator of the facility in which the staff member works, and the operator has notified the contractor that the information may be destroyed.

4. Request a staff member whose vaccination status has not been verified to produce their vaccine card or exemption.

#### **IV. OPERATORS WHO HAVE STAFF PROVIDED BY CONTRACTORS**

##### **MUST**

1. With respect to staff employed by a contractor,
  - a. provide the following information collected from the contractor, with the name and address of the facility in which the staff member works, and the category to which the staff member belongs, by entering the information at the data entry portal, or as otherwise directed by me:
    - i. the staff member's legal first and last names;
    - ii. the staff member's birthdate;
    - iii. the staff member's personal health number; and
    - iv. the date on which a new staff member begins to work at the facility.
  - b. provide the date on which a staff member employed by a contractor ceases to work in a facility, at the time the staff member ceases to work in a facility, by entering the date, the staff member's name, and the name and address of the facility, into the data entry portal, or as otherwise directed by me.
3. Destroy the record of a staff member's personal health number, including the record of the personal health number of a staff member which is provided by a contractor, once the staff member's vaccination status has been provided by the Ministry of Health.
4. Notify a contractor once a staff member's vaccination status has been provided by the Ministry of Health, so that the contractor may destroy the record of the staff member's personal health number.
5. If an operator is advised by the Ministry of Health that a staff member who is an employee of a contractor is unvaccinated, or that there is no record of the employee's vaccination status in the Provincial Immunization Registry, the operator must provide this information to the contractor.

#### **D. STAFF**

##### **MUST:**

1. Provide the following information to their employer, if the information has not been provided by the date of this Order:
  - a. their legal first and last names;



- b. their birthdate;
  - c. their personal health number.
2. Provide their BC Services Card to their employer.
  3. If requested by their employer, provide their vaccine card, or exemption to their employer
  4. If the staff member has received a vaccine outside British Columbia, enter their vaccination history at <https://www.immunizationrecord.gov.bc.ca/>.

#### **E. HEALTH CARE PRACTITIONERS**

##### **MUST:**

1. If requested by an operator, provide their vaccine card to the operator.

#### **E. 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 facilities, **I FURTHER ORDER:**

1. A medical health officer may make an order subsequent to this Order for the purpose of requiring the provision of further information with respect to residents, staff or facilities in the whole or part of the geographic area of the Province for which the medical health officer is designated, or with respect to a particular facility.
2. While it is in force, a provision in an order made by a medical health officer subsequent to this Order, which requires the provision of further information with respect to residents, staff or facilities, or one or more classes of facilities, 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.

Pursuant to section 54 (1) (h) of the Public Health Act, and in accordance with the emergency powers set out in Part 5 of the Public Health Act, I will not be accepting requests for reconsideration of this Order.

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


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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 6<sup>th</sup> 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*.

**Schedule 1****Staff Categories for Reporting**

<b>Person Type</b>	<b>Sub-Type</b>	<b>Staff Type</b>
Staff	Direct Care	RN
		LPN
		HCA
		Other
	Administrative	NA
	Support Services	Food Service
		Housekeeping
		Maintenance
		Other

**ENCLOSURE****Excerpts of the Public Health Act [SBC 2008] c. 28*****Definitions******1 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;

**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.

**Part applies despite other enactments**

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and

(b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

### **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*];

## RE: LTC Contingency Plans Considerations

---

**From:** Emerson, Brian P HLTH:EX  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Sent:** October 6, 2021 5:20:00 PM PDT  
**Attachments:** LTC AL Facility Contingency Considerations.docx  
Thanks very much for this Kiersten.

Further to our discussion, and some suggestions from Island Health, please see attached, categorized into three tiers. This might help trigger some other considerations that should be included.

Note that this does not mention <sup>s.13; s.17</sup>  
s.13; s.17

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 6, 2021 10:48 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** RE: LTC Contingency Plans - MHO Exemptions

s.13; s.17

Those are just my thoughts and I'm sure I'm missing things and my colleagues may have other ideas.

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** October 6, 2021 8:09 AM

**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>

**Subject:** LTC Contingency Plans - MHO Exemptions

Good morning.

I see we have a meeting about this later today, but I would like to discuss this with the MHO group at 1130 so hoping you might have some criteria that I could discuss with them, prior to our meeting.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

Page 834 of 989 to/à Page 835 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## FW: LTC Contingency Plans - MHO Exemptions

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: October 6, 2021 7:33:54 PM PDT

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Further to our call this afternoon, the following are some quick thoughts on <sup>s.13; s.17</sup> s.13; s.17

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓kw̓x̓wú7mesh (Squamish), sel̓íłwítulh (Tsleil-Waututh), and xwməθ kwəy̓əm (Musqueam) nations.

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---

**From:** Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
**Sent:** Wednesday, October 6, 2021 3:03 PM  
**To:** Matt Prescott <MattP@heabc.bc.ca>  
**Subject:** FW: LTC Contingency Plans - MHO Exemptions

---

**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 6, 2021 10:48 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** RE: LTC Contingency Plans - MHO Exemptions

s.13; s.17

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** October 6, 2021 8:09 AM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
**Subject:** LTC Contingency Plans - MHO Exemptions

Good morning.

I see we have a meeting about this later today, but I would like to discuss this with the MHO group at 1130 so hoping you might have some criteria that I could discuss with them, prior to our meeting.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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## RE: LTC Contingency Plans - Considerations V 2

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From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: October 6, 2021 8:45:07 PM PDT  
Attachments: LTC AL Facility Contingency Considerations 2.docx  
Thanks Matt.

I actually did produce a summary document based on our discussion, and hit reply all to the calendar invitation but did not notice your were not on my version of the calendar invitation. Sorry about that! Some of your suggestions were also in my version, but you have described them better, plus added some. I merged your suggestions with my document (see attached), but there might be some duplication.

I categorized into three tiers further to Marks suggestion, but am not sure I captured the tier concept. However, it might help trigger some other considerations that should be included.

Note that this does not mention the <sup>s.13; s.17</sup>  
s.13; s.17

Over to the rest of you who are more expert than me to refine further to support regional and central processes to help manage this challenge.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C <sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** October 6, 2021 7:34 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** FW: LTC Contingency Plans - MHO Exemptions

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Further to our call this afternoon, the following are some quick thoughts on s.13; s.17  
s.13; s.17



Hopefully this is helpful. I'm also happy to review any documents that are developed.

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *sk̓wx̓wú7mesh* (Squamish), *sel̓ílwitulh* (Tseil-Waututh), and *xwməθ kwəy'əm* (Musqueam) nations.

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---

**From:** Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>  
**Sent:** Wednesday, October 6, 2021 3:03 PM  
**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>  
**Subject:** FW: LTC Contingency Plans - MHO Exemptions

---

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**Sent:** October 6, 2021 10:48 AM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>  
**Cc:** Neilson, Karen HLTH:EX <[Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>  
**Subject:** RE: LTC Contingency Plans - MHO Exemptions

Those are just my thoughts and I'm sure I'm missing things and my colleagues may have other ideas.

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** October 6, 2021 8:09 AM

**To:** Fisher, Kiersten D HLTH:EX <[Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>

**Subject:** LTC Contingency Plans - MHO Exemptions

Good morning.

I see we have a meeting about this later today, but I would like to discuss this with the MHO group at 1130 so hoping you might have some criteria that I could discuss with them, prior to our meeting.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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Page 842 of 989 to/à Page 843 of 989

Withheld pursuant to/removed as

s.13 ; s.17

## RE: LTC Contingency Plans - Considerations V 2

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: October 6, 2021 10:22:29 PM PDT  
Attachments: LTC AL Facility Contingency Considerations 2.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian and Mark.

Mark, I've got some meetings tomorrow morning but can review your draft before 8:45 or cancel my meetings if you need feedback before noon. A couple of quick thoughts:  
s.13; s.17

I hope this is helpful.

Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the *skwxwú7mesh* (Squamish), *selilwítulh* (Tsleil-Waututh), and *xwməθ kwəy̓əm* (Musqueam) nations.

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-----Original Message-----

From: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

Sent: Wednesday, October 6, 2021 8:57 PM

To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

Cc: Matt Prescott <MattP@heabc.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

Subject: Re: LTC Contingency Plans - Considerations V 2

Thanks Brian and Matt. I will have a close look in the morning and add any additional thoughts and redistribute before 9:00 am.

Mark

On Oct 6, 2021, at 8:45 PM, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca> wrote:

Thanks Matt.

I actually did produce a summary document based on our discussion, and hit reply all to the calendar invitation but did not notice your were not on my version of the calendar invitation. Sorry about that! Some of your suggestions were also in my version, but you have described them better, plus added some. I merged your suggestions with my document (see attached), but there might be some duplication.

I categorized into three tiers further to Marks suggestion, but am not sure I captured the tier concept. However, it might help trigger some other considerations that should be included.

Note that this does not mention s.13; s.17

s.13; s.17

Over to the rest of you who are more expert than me to refine further to support regional and central processes to help manage this challenge.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C s.17

F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

From: Matt Prescott <MattP@heabc.bc.ca>

Sent: October 6, 2021 7:34 PM

To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

Subject: FW: LTC Contingency Plans - MHO Exemptions

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Further to our call this afternoon, the following are some quick thoughts on s.13; s.17

s.13; s.17

Matt

Matt Prescott (he/him)  
 Vice President, Legal Services, Negotiations & Labour Relations HEALTH EMPLOYERS ASSOCIATION OF BC  
 Office: 604.714.2295  
 Mobile: 604.506.0007  
 MattP@heabc.bc.ca<mailto:MattP@heabc.bc.ca>  
 heabc.bc.ca<https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.heabc.bc.ca%2F&data=04%7C01%7CBrian.Emerson%40gov.bc.ca%7Ca3e601d234124f5fcb1c08d9893ae8f4%7C6fdb52003d0d4a8ab036d3685e359adc%7C0%7C0%7C637691708379475608%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6Ik1haWwiLCJXVC16Mn0%3D%7C1000&sdata=PDR02esJZOVdZSGG7EKOQjiX4zscreX8CCmi89Qxv5w%3D&reserved=0>  
 <https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftwitter.com%2Fheabcnews&data=04%7C01%7CBrian.Emerson%40gov.bc.ca%7Ca3e601d234124f5fcb1c08d9893ae8f4%7C6fdb52003d0d4a8ab036d3685e359adc%7C0%7C0%7C637691708379475608%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6Ik1haWwiLCJXVC16Mn0%3D%7C1000&sdata=tDl0TUg8%2B0jpFmwkQF82HU0CQM7t%2F%2FieO%2FHBKzgwKgk%3D&reserved=0>

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓íl̓w̓it̓ul̓h (Tsleil-Waututh), and x̓w̓m̓ə̓θ̓ kw̓ə̓y̓əm (Musqueam) nations.

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From: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca<mailto:Meghan.Will@gov.bc.ca>>

Sent: Wednesday, October 6, 2021 3:03 PM  
To: Matt Prescott <MattP@heabc.bc.ca<mailto:MattP@heabc.bc.ca>>  
Subject: FW: LTC Contingency Plans - MHO Exemptions

From: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca<mailto:Kiersten.Fisher@gov.bc.ca>>  
Sent: October 6, 2021 10:48 AM  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca<mailto:Brian.Emerson@gov.bc.ca>>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca<mailto:Meghan.Will@gov.bc.ca>>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca<mailto:Mark.Armitage@gov.bc.ca>>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca<mailto:Ross.Hayward@gov.bc.ca>>  
Cc: Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca<mailto:Karen.Neilson@gov.bc.ca>>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca<mailto:Meghan.Will@gov.bc.ca>>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca<mailto:Eugene.Johnson@gov.bc.ca>>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca<mailto:Evan.Howatson@gov.bc.ca>>  
Subject: RE: LTC Contingency Plans - MHO Exemptions

s.13; s.17

Those are just my thoughts and I'm sure I'm missing things and my colleagues may have other ideas.

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca<mailto:Brian.Emerson@gov.bc.ca>>  
Sent: October 6, 2021 8:09 AM  
To: Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca<mailto:Kiersten.Fisher@gov.bc.ca>>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca<mailto:Meghan.Will@gov.bc.ca>>  
Subject: LTC Contingency Plans - MHO Exemptions

Good morning.

I see we have a meeting about this later today, but I would like to discuss this with the MHO group at 1130 so hoping you might have some criteria that I could discuss with them, prior to our meeting.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting) BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

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## **RE: Mandatory Vaccination for Visitors in LTC - Clarifications Required**

---

**From:** Emerson, Brian P HLTH:EX  
**To:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Armitage, Mark W <Mark.Armitage@gov.bc.ca>  
**Sent:** October 7, 2021 6:45:30 PM PDT

Hi again.

Further to our discussion here is some addition information:

- I confirm that the direction is to amend the visitors policy to require visitors to be fully vaccinated by October 12, including essential visitors. Flexibility will be needed for end of life care.
- We are willing to entertain medical exemption requests, following the process that was just published today. That could be referenced in the policy.
- The focus is for visitors coming into the facility. There are no additional requirements to allow visitors to take residents out of the facility.
- Children visiting rules stay the same.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX  
**Sent:** October 7, 2021 10:06 AM  
**To:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Law, Kelvin HLTH:EX <Kelvin.Law@gov.bc.ca>  
**Subject:** RE: Mandatory Vaccination for Visitors in LTC - Clarifications Required

Hi Ross and Kiersten.

Please see my responses below, and look forward to chatting later today.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Sent:** October 6, 2021 2:28 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Law, Kelvin HLTH:EX <Kelvin.Law@gov.bc.ca>

**Subject:** Mandatory Vaccination for Visitors in LTC - Clarifications Required

**Importance:** High

Hi Brian.

Kiersten and her team discussed yesterday's announcement on mandatory vaccination of visitors in LTC on their HCC call today. There are a number of questions we need to consider as we look to update the Visitation Guidance for LTC/AL. Some of the questions will be relevant for acute as well.

What we know from yesterday's announcement is:

Visitor policy for long-term care and all other health-care settings in B.C. is being updated. Starting Oct. 12, 2021, visitors to long-term care and assisted-living facilities will need to show their vaccine card for proof of full immunization. Starting Oct. 26, 2021, visitors to acute-care settings will also need to show they are fully vaccinated.

Outstanding issues we see that will require clarification are:

- Will visitors who demonstrate they have one dose be allowed to visit in LTC/AL beyond October 12, with the requirement that they have a second dose within 28-35 days? This is the approach being taken with staff.

BE: I confirmed with Bonnie and full vaccination (2 doses) is required.

s.14

- The announcement spoke to mandatory vaccination in LTC and Acute which has raised questions about whether hospices will be in scope, recognizing that hospice visits are for end of life, but these sites are sometimes co-located in LTC or acute care.

BE: To be determined. I will discuss with Bonnie. I think the policy should allow for exceptions for people near the end of life.

- Will visitors have an opportunity to apply for medical exemption similar to staff? Will that process go through the PHO as well? What will be the preventative measures required for those exempt from the requirement to be fully vaccinated? Will they be required to undergo rapid testing at every visit?

BE: I think we will have to include this, to be fair, per the same process. I would see mask and rapid test at every visit, but will check with Bonnie.

- What will be the expectations for visitors under age 12?

BE: I see no change to current process.

- Will unvaccinated individuals be permitted to visit with residents outdoors? If so, are preventative measures such as masking and rapid testing required.

BE: I think this is reasonable, with masking.

- Residents are currently able to go on outings and overnight stays with family. Are unvaccinated family members able to take residents on outings, including overnight? This will be most challenging for AL.

BE: I think this is reasonable, if the resident has been double vaccinated. We might need different rules for unvaccinated residents. For discussion.

- How does this apply to a campus of care where AL and IL are co-located. I don't think there is a legal mechanism to restrict visitors to residents in IL, but we will likely be asked to confirm.

BE: I imagine this had to be worked out wrt ICP requirement for co-located places, but maybe there are other complications here.

Noting the effective date is October 12 and there is a need to provide clarity to health authorities, operators, residents and families in order to ensure consistent application of this order, it would be beneficial to have direction on these questions as soon as possible.

I will try and get us a meeting set up for tomorrow to discuss Brian but wanted to share with you ahead of time. You may have already considered some of these questions but just want to make sure they are on your radar. Thanks very much Brian, I know you are swamped so appreciate your time and expertise as always.

Thanks,  
Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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## **Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting**

**From:** Emerson, Brian P HLTH:EX  
**To:** Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>, Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>  
**Cc:** Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Sent:** October 8, 2021 2:46:03 PM PDT  
**Attachments:** Residential Care Preventive Measures Order Oct. 8 final.pdf, HCW Guidelines for Vaccine Exemptions - Oct 8.pdf

Please post the attached to the website, and would appreciate that being done today:

Title is "Residential Care COVID-19 Preventive Measures – October 8, 2021". Please move the "Residential Care Staff COVID-19 Preventive Measures PHO Order – October 4, 2021 (PDF, 507KB)" to the archives.

Also please replace that current guidelines document with the one attached.

Title is "Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021"

Also, I noticed that the Guidelines and Medical Deferral Form were placed under the incorrect Order. They should be under the "Preventive Measures" order, not the "Vaccination Status Information Order". I know the titles are very similar to easy to get confused.

The changes to the Order and Guideline are minor adjustments suggested by our legal advisor to clarify the exemption application process.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
**Sent:** October 8, 2021 9:46 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hello again!

This is now published.

Leah

---

**From:** CITZ GDX Covid-19 Web Updates CITZ:EX <COVIDWeb@gov.bc.ca>  
**Sent:** October 8, 2021 9:45 AM  
**To:** Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Thomson, Krystal GCPE:EX <Krystal.Thomson@gov.bc.ca>; May, Stephen GCPE:EX <Stephen.May@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; GCPE

Communications - COVID HLTH <CommHcovid@Victoria1.gov.bc.ca>; Shepherd, Brent GCPE:EX  
<Brent.Shepherd@gov.bc.ca>

**Subject:** Re: Guidelines for Request for Reconsideration (Exemption) Process

Hi Leah,

The new guidance has now been published as requested.

Thanks,  
Marcus

---

**From:** "Holoiday, Leah GCPE:EX" <Leah.Holoiday@gov.bc.ca>

**Date:** Friday, October 8, 2021 at 9:29 AM

**To:** "CITZ GDx Covid-19 Web Updates CITZ:EX" <COVIDWeb@gov.bc.ca>

**Cc:** "Ferrier, Jeffrey GCPE:EX" <Jeffrey.Ferrier@gov.bc.ca>, "Machell, Aileen GCPE:EX"

<Aileen.Machell@gov.bc.ca>, "Thomson, Krystal GCPE:EX" <Krystal.Thomson@gov.bc.ca>, "May, Stephen

GCPE:EX" <Stephen.May@gov.bc.ca>, "Thistle-Walker, Carlene HLTH:EX" <Carlene.ThistleWalker@gov.bc.ca>,

"Li, Jessica P HLTH:EX" <Jessica.P.Li@gov.bc.ca>, GCPE Communications - COVID HLTH

<CommHcovid@Victoria1.gov.bc.ca>, "Shepherd, Brent GCPE:EX" <Brent.Shepherd@gov.bc.ca>

**Subject:** RE: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web Team!

Checking in on the status of this posting.

---

**From:** Holoiday, Leah GCPE:EX

**Sent:** October 7, 2021 6:29 PM

**To:** CITZ GDx Covid-19 Web Updates CITZ:EX <COVIDWeb@gov.bc.ca>

**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>;

Thomson, Krystal GCPE:EX <Krystal.Thomson@gov.bc.ca>; May, Stephen GCPE:EX <Stephen.May@gov.bc.ca>; Thistle-

Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; GCPE

Communications - COVID HLTH <CommHcovid@Victoria1.gov.bc.ca>; Shepherd, Brent GCPE:EX

<Brent.Shepherd@gov.bc.ca>

**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web team!

Please see Dr. Emerson's email below.

Leah

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** October 7, 2021 2:39 PM

**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX

<Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX

<HECC.EXTDOC@gov.bc.ca>

**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; van Baarsen, Amanda HLTH:EX

<Amanda.vanBaarsen@gov.bc.ca>; Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel HLTH:EX

<Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Halicki, Ashley HLTH:EX

<Ashley.Halicki@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holoiday, Leah GCPE:EX

<Leah.Holoiday@gov.bc.ca>; Havens, Jessica HLTH:EX <Jessica.Havens@gov.bc.ca>; XT:Amos, Heather HLBC:IN

<heather.amos@bccdc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>

**Subject:** Guidelines for Request for Reconsideration (Exemption) Process

Good afternoon.

Please post the attached.

Title is “Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021”.  
Please place this under the related order as follows.

- Residential Care COVID-19 Vaccination Status Information – October 6, 2021 (PDF, 506KB)
  - Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021
  - Medical Deferral Form – October 7 2021

This document provides instructions for health care workers seeking a medical exemption to the PHO vaccination requirements.

This guideline replaces the one called Valid contraindications and deferrals to COVID-19 vaccination – September 15, 2021 (PDF, 211KB) that is in the guidelines section so please move that one to the Archive guidance.

I recommended putting this new guidance document and form right under the order to make it easy to find, as the order specifically refers to the need to submit the form.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## COVID-19 Vaccination Requirements - Guidelines for Request for Reconsideration (Exemption) Process for Health Care Workers affected by the Provincial Health Officer Orders

October 8, 2021

The Provincial Health Officer (PHO) has issued Preventive Measures *Orders* under the *Public Health Act* which require individuals who work in health care in BC to be vaccinated against COVID-19. These orders are intended to reduce COVID-19 case rates, outbreaks, hospitalizations, critical care admissions, and deaths, protect people who cannot be vaccinated, and protect our healthcare system.

The purpose of these Orders is to protect those most vulnerable to complications of COVID-19, to protect health care workers, to prevent disruptions to care and to reduce incidence of COVID-19 cases, hospitalizations, and deaths. For these reasons it is important that people who can be fully vaccinated, do so.

### Exemptions

Under section 43 of the *Public Health Act*, a person who is subject to an Order of the Provincial Health Officer can submit a request for reconsideration (exemption) from an Order's requirements.

Due to the nature of health care work risk to their health and the health of patients, residents and clients that make them more vulnerable to serious COVID-19 outcomes, there is a necessity to ensure that there is a low risk posed by health care workers providing care.

### Process to submit a request for reconsideration (exemption)

*Submitting an exemption request does not guarantee that you will receive an exemption.*

The PHO order states that "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 Order, and must follow the guidelines posted on the Provincial Health Officer's website



Ministry of  
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BC Centre for Disease Control

If you have fever, a new cough, or are  
having difficulty breathing, call 8-1-1.



<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>.”

To be considered for an exemption you will likely have had a dose of vaccine and experienced a serious adverse event or have a pre-existing medical condition the warrants being exempted for a period of time. It is important to note that being exempted from a PHO order requirement is not equivalent to a permanent deferral to being vaccinated. Some people for whom a vaccination deferral has been recommended may get a dose at a later date. If you have been granted an exemption to PHO requirements, and you do get vaccinated at a later date, you should notify the PHO at the contact information below to update your exemption status. A decision to get vaccinated remains a decision for the individual in consultation with their health care provider.

Conditions that could warrant an exemption<sup>1</sup>:

1. Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures.
2. Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab).
3. Diagnosis of Multisystem Inflammatory Syndrome.
4. Medical practitioner-diagnosed myocarditis or pericarditis following the first dose of COVID-19 vaccine with no other cause identified.
5. Serious adverse event following first dose of COVID-19 vaccine awaiting recommendation for further vaccination by the medical health officer. Serious adverse events are those that required urgent medical care, resulted in hospitalization, or permanent disability.
6. Serious adverse event following first dose of vaccine not yet reported to the medical health officer.
7. Serious adverse event following a dose of vaccine and recommendation by the medical health officer to not receive further doses.

<sup>1</sup> Based on expert advice from BC Centre for Disease Control, BC public health officials, and allergy specialists.



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**To submit an exemption request, follow these directions:**

For people who experienced a serious adverse reaction to COVID-19 vaccination

1. If you experienced a serious adverse reaction to a dose of vaccine that could warrant an exemption, you should have reported the reaction to the health care provider that gave you the vaccination, and you should have received a recommendation from a medical health officer.

If you did not report the reaction, then the first step is to report that event to your health care provider, who needs to report the reaction to the medical health officer. You should also confirm that your health care provider reported your reaction to the medical health officer, and wait for a recommendation from a medical health officer. Your health care provider should complete and submit a COVID-19 vaccine adverse event report using the form located at [tinyurl.com/5nbpyu23](https://tinyurl.com/5nbpyu23).

2. If you have received a recommendation from a medical health officer about your reaction, or once you receive a recommendation after the reaction has been reported to a medical health officer, then send that information to the Office of the Provincial Health Officer, as described below.

For people who have a medical condition that warrants consideration of an exemption

1. You need to have your medical practitioner (a registrant of the College of Physicians and Surgeons of British Columbia) or nurse practitioner (a registrant of the British Columbia College of Nurse and Midwives) fill out the form on the PHO website (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-vaccine-medical-deferral-form.pdf>) and give it back to you so that you can submit it to the Office of the Provincial Health Officer, as described below.
2. Your request must be accompanied by the medical deferral form attached, supporting the request.

Inform your supervisor that you are submitting an exemption request

Your employer needs to know that you are requesting an exemption to ensure that your employer is aware so that they can assist with managing your situation. We also need to be able to communicate with your supervisor about the status of your exemption request. We will not be sharing medical information with your employer.



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### Information to be submitted

You must submit the request package with the subject line **Request for Reconsideration about Preventive Measures** and the following information:

1. Your name and contact information.
2. The name of the facility / facilities you work in, and location with full mailing address. You must also include the contact information of a management representative of the facility including name, position, email, and phone number. Provision of this information is your consent that we can communicate with your employer regarding the outcome of your request.
3. If you have been informed by a medical health officer that you should not receive additional doses of a COVID-19 vaccine due to an adverse event following immunization, submit a copy of the letter from the medical health officer indicating that you should not receive additional doses of COVID-19 vaccine.
4. If needed to support an exemption request in relation to a medical condition, the COVID-19 Vaccine Medical Deferral form filled out, signed, and dated by your medical practitioner who assessed you.
5. Your preferred method of response i.e., email, mail, fax.

#### **Submit the request by mail, fax or email to:**

Office of the Provincial Health Officer  
 PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
 Fax: (250) 952-1570  
 Email: [PHOExemptions@gov.bc.ca](mailto:PHOExemptions@gov.bc.ca)

Note: The PHO recommends that personal information sent by email be sent using a password protected email, with the password sent by separate email.

*If you have questions about this process please contact the Office of the Provincial Health Officer at the contact information below, with the subject line **“Requests for Reconsideration Question”**.*

### **After you submit an exemption request**

1. You must notify your employer of your exemption request.
2. You and your employer will be notified of receipt of your exemption request.



- 3. If your request is incomplete, you will be contacted to provide additional information to continue the review process.
- 4. Your request may be assessed by the Office of the Provincial Health Officer, and/or it may be referred to the local medical health officer.
- 5. Once a decision has been made by the Office of the Provincial Health Officer or the local medical health officer, if an exemption is granted it may be subject to recommended risk reduction measures for you to take. You will be notified in writing of the exemption and will be provided with written instructions and direction as appropriate.
- 6. Your employer will be informed of the outcome of your exemption request directly by the Office of the Provincial Health Officer or the local medical health officer and required risk reduction measures.
- 7. If you have been granted an exemption to PHO requirements, and you do get vaccinated at a later date, you should notify the PHO to update your exemption contacting the PHO as above.



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BC Centre for Disease Control

**If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.**



## **RE: URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8**

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**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**To:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Matt Prescott <MattP@heabc.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Sent:** October 8, 2021 3:11:11 PM PDT  
**Attachments:** LTC AL Facility Contingency Considerations\_Oct 8\_HA version.docx, LTC AL Facility Contingency Considerations\_Oct 8\_Sector.docx

Apologies for all the confusion and version control challenges. Evan and I have connected and worked together to update the document. On the advice of HEABC, there are 2 versions, one for the sector/operators and one for the HAs which includes references to Appendix 1 (Matt will be sharing this Appendix). Evan has approved obo Mark.

I don't think Brian will have any concerns with what is included here, based on our discussion yesterday. Ross and Matt, can you advise if you have any concerns? If not, we will await Appendix 1 and tee this up in the package going to Peter for approval.

Kiersten

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**From:** Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Sent:** October 8, 2021 2:36 PM  
**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Subject:** RE: URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8

Evan can you confirm the language in this that you want as it is not our area of expertise. We will need to update to reflect it going to operators as Kiersten identified and need to replace 4<sup>th</sup> paragraph with this one below Kiersten drafted.

s.13; s.17

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**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>  
**Sent:** October 8, 2021 2:33 PM  
**To:** Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>  
**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>  
**Subject:** RE: URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8

I need someone to help me land this ASAP pls, not sure how I missed Mark's edits (though my email volume probably has something to do with it). Evan can you please find out if anything went to CEOs? I don't think it did. I think given this is intended to go to operators, we need to do some of the re-framing I suggested as it's not just expectations on the HAs. Happy to get on a call and just walk through my changes and use this as a baseline.

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**From:** Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>

**Sent:** October 8, 2021 2:30 PM

**To:** Matt Prescott <MattP@heabc.bc.ca>; Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>

**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Subject:** RE: URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8

I am not sure what went to the CEO's but the latest version Mark shared with me has you edit Matt but is still dated the 6<sup>th</sup>

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**From:** Matt Prescott <MattP@heabc.bc.ca>

**Sent:** October 8, 2021 2:16 PM

**To:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>

**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Subject:** RE: URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Kiersten,

Mark did update the document yesterday and I provided some additional feedback – see copy attached. I'm not sure if it was the final version that was shared with the HA CEOs – perhaps Evan knows?

Yes I've attached our GIU on the exemption process, which was sent out today to HEABC members.

Matt

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**From:** Fisher, Kiersten D HLTH:EX <Kiersten.Fisher@gov.bc.ca>

**Sent:** Friday, October 8, 2021 2:09 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>; Matt Prescott <MattP@heabc.bc.ca>

**Cc:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>

**Subject:** URGENT APPROVAL - LTC AL Facility Contingency Considerations\_Oct 8

**Importance:** High

Hello All,

I updated the document based on Matt's comments (Mark I did not see any from you so hope I didn't miss them) and have attached a clean copy (Oct 8 version) and track changes version. There is an expectation that we share this with HAs and sector associations for dissemination to operators TODAY. Since it's going to operators, I changed the framing a bits.13; s.17

s.13; s.17

There will be additional materials coming through for review and approval (Q&A), sending them as we complete them due to the timeline. Plan is to send a package up to Peter/Steve for approval by EOD.

Matt, your team mentioned HEABC has a GIU coming today on the medical exemption process, is that right? Any ETA?

Thanks,  
Kiersten

**Kiersten Fisher** (she/her)

Executive Director | Seniors Services

Health Services Division | Ministry of Health

phone: 250-952-1990 | mobile: 250-217-5040

email: [Kiersten.Fisher@gov.bc.ca](mailto:Kiersten.Fisher@gov.bc.ca)

*I am grateful to live, learn and work on the traditional territories of the Lekwungen speaking peoples*

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Page 863 of 989 to/à Page 866 of 989

Withheld pursuant to/removed as

s.13

## **FW: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting**

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**From:** Emerson, Brian P HLTH:EX  
**To:** Leah.Holoday@gov.bc.ca, Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>  
**Cc:** Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Sent:** October 13, 2021 7:55:27 AM PDT  
**Attachments:** Medical Deferral Form Oct 7 v2.pdf, RE: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting, HCW Guidelines for Vaccine Exemptions - Oct 8.pdf, Residential Care Preventive Measures Order Oct. 8 final.pdf

Hi Leah and Tiffany.

Just wondering what is happening with posting this as it does not appear on the website?

The delay is ok because, given the passage of time, I fixed the broken link that was in the guidelines and the form that was flagged by Jess (it was a “tinyurl.com” address that had worked for me but did not seem to work on these documents) and converted a link in the guidelines into text, so please use these versions in place of the ones I sent on Friday.

In case helpful, also attached is the email I sent on Friday with the changes.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX  
**Sent:** October 8, 2021 2:46 PM  
**To:** Holoday, Leah GCPE:EX <Leah.Holoday@gov.bc.ca>; Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>  
**Cc:** Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Subject:** Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting  
**Importance:** High

Please post the attached to the website, and would appreciate that being done today:

Title is “Residential Care COVID-19 Preventive Measures – October 8, 2021”. Please move the “Residential Care Staff COVID-19 Preventive Measures PHO Order – October 4, 2021 (PDF, 507KB)” to the archives.

Also please replace that current guidelines document with the one attached.

Title is “Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021”

Also, I noticed that the Guidelines and Medical Deferral Form were place under the incorrect Order. They should be under the “Preventive Measures” order, not the “Vaccination Status Information Order”. I know the titles are very similar to easy to get confused.

The changes to the Order and Guideline are minor adjustments suggested by our legal advisor to clarify the exemption application process.



Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Sent:** October 8, 2021 9:46 AM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>; Thistle-Walker, Carlene HLTH:EX <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>; Miller, Haley HLTH:EX <[Haley.Miller@gov.bc.ca](mailto:Haley.Miller@gov.bc.ca)>  
**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hello again!

This is now published.

Leah

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**From:** CITZ GDX Covid-19 Web Updates CITZ:EX <[COVIDWeb@gov.bc.ca](mailto:COVIDWeb@gov.bc.ca)>  
**Sent:** October 8, 2021 9:45 AM  
**To:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Cc:** Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; Thomson, Krystal GCPE:EX <[Krystal.Thomson@gov.bc.ca](mailto:Krystal.Thomson@gov.bc.ca)>; May, Stephen GCPE:EX <[Stephen.May@gov.bc.ca](mailto:Stephen.May@gov.bc.ca)>; Thistle-Walker, Carlene HLTH:EX <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>; Li, Jessica P HLTH:EX <[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)>; GCPE Communications - COVID HLTH <[CommHcovid@Victoria1.gov.bc.ca](mailto:CommHcovid@Victoria1.gov.bc.ca)>; Shepherd, Brent GCPE:EX <[Brent.Shepherd@gov.bc.ca](mailto:Brent.Shepherd@gov.bc.ca)>  
**Subject:** Re: Guidelines for Request for Reconsideration (Exemption) Process

Hi Leah,

The new guidance has now been published as requested.

Thanks,  
Marcus

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**From:** "Holoiday, Leah GCPE:EX" <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Date:** Friday, October 8, 2021 at 9:29 AM  
**To:** "CITZ GDX Covid-19 Web Updates CITZ:EX" <[COVIDWeb@gov.bc.ca](mailto:COVIDWeb@gov.bc.ca)>  
**Cc:** "Ferrier, Jeffrey GCPE:EX" <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>, "Machell, Aileen GCPE:EX" <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>, "Thomson, Krystal GCPE:EX" <[Krystal.Thomson@gov.bc.ca](mailto:Krystal.Thomson@gov.bc.ca)>, "May, Stephen GCPE:EX" <[Stephen.May@gov.bc.ca](mailto:Stephen.May@gov.bc.ca)>, "Thistle-Walker, Carlene HLTH:EX" <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>, "Li, Jessica P HLTH:EX" <[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)>, GCPE Communications - COVID HLTH <[CommHcovid@Victoria1.gov.bc.ca](mailto:CommHcovid@Victoria1.gov.bc.ca)>, "Shepherd, Brent GCPE:EX" <[Brent.Shepherd@gov.bc.ca](mailto:Brent.Shepherd@gov.bc.ca)>  
**Subject:** RE: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web Team!

Checking in on the status of this posting.

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**From:** Holoiday, Leah GCPE:EX  
**Sent:** October 7, 2021 6:29 PM  
**To:** CITZ GDX Covid-19 Web Updates CITZ:EX <[COVIDWeb@gov.bc.ca](mailto:COVIDWeb@gov.bc.ca)>

**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Thomson, Krystal GCPE:EX <Krystal.Thomson@gov.bc.ca>; May, Stephen GCPE:EX <Stephen.May@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; GCPE Communications - COVID HLTH <CommHcovid@Victoria1.gov.bc.ca>; Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>

**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web team!

Please see Dr. Emerson's email below.

Leah

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**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** October 7, 2021 2:39 PM

**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>

**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>; Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>; Havens, Jessica HLTH:EX <Jessica.Havens@gov.bc.ca>; XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>

**Subject:** Guidelines for Request for Reconsideration (Exemption) Process

Good afternoon.

Please post the attached.

Title is "Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021".

Please place this under the related order as follows.

- Residential Care COVID-19 Vaccination Status Information – October 6, 2021 (PDF, 506KB)
  - Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021
  - Medical Deferral Form – October 7 2021

This document provides instructions for health care workers seeking a medical exemption to the PHO vaccination requirements.

This guideline replaces the one called Valid contraindications and deferrals to COVID-19 vaccination – September 15, 2021 (PDF, 211KB) that is in the guidelines section so please move that one to the Archive guidance.

I recommended putting this new guidance document and form right under the order to make it easy to find, as the order specifically refers to the need to submit the form.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



COVID-19 VACCINE Medical Deferral

This form can be completed only by a physician (M.D.) or nurse practitioner

Form with fields: LAST NAME of client, FIRST NAME of client, BIRTHDATE (YYYY/MM/DD), PERSONAL HEALTH NUMBER

Medical reason(s) for temporary deferral (must be completed if 'temporary deferral' above is chosen - See overleaf for further information)

Table with 2 columns: Medical reason(s) and Deferral instructions. Rows include: Anaphylaxis to components of both mRNA and adenovirus vector vaccine, Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma, Diagnosis of Multisystem Inflammatory Syndrome, Physician-diagnosed myocarditis or pericarditis, Serious adverse event following first dose of vaccine reported to the MHO, Serious adverse event following first dose of vaccine not yet reported to the MHO.

I, \_\_\_\_\_, attest that proceeding with COVID-19 immunization for this individual would seriously jeopardize their health

Print name of health care provider (first, last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Month/Day/ Year

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

For more information refer to the BC Immunization Manual, Part 4: Biological Products - COVID-19 vaccines: http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization

Please submit this form to the Provincial Health Officer at ProvHlthOffice@gov.bc.ca.

It is recommended to send using a password protected email and send the password by separate email.

Subject line should read: Request for Reconsideration about Preventive Measures

Personal information collected on this form is collected under the authority of Order of the Provincial Health Officer Orders and will be used by the Provincial Health Officer to determine exemptions from the Orders. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this personal information, contact ProvHlthOffice@gov.bc.ca, with the subject line with the subject line "Requests for Reconsideration Questions".

## Deferrals to COVID-19 vaccination

### For support of exemption requests under the Provincial Health Officer Orders

Vaccine type	Deferral
<b>COVID-19 mRNA vaccines</b> (Pfizer-BioNTech and Moderna) <b>OR</b> <b>COVID-19 viral vector vaccine</b> (AstraZeneca)	Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures
	Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – <i>defer for at least 90 days</i>
	Diagnosis of Multisystem Inflammatory Syndrome – <i>defer until fully recovered from illness and for 90 days after the date of diagnosis</i>
	Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – <i>defer until further information about the risk of recurrence is available. <b>This event is reportable to the MHO.</b></i>
	Serious* adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Medical Health Officer
<b>The following are NOT contraindications to COVID-19 vaccination:</b>	
Anaphylaxis to a previous dose of mRNA or adenovirus vector vaccine that has been confirmed by a qualified allergist. Such individuals may receive their 2nd dose using vaccine of the different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
Anaphylaxis to any component of one type of vaccine that has been confirmed by a qualified allergist. Such individuals may receive vaccine of the different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
History of non-anaphylactic reaction or suspected hypersensitivity to a component of the vaccine. Such individuals may receive vaccine of the different type that does not contain the same component, or may be immunized in a clinic prepared to deal with potential hypersensitivity reactions including anaphylaxis. Such patients should be observed for an extended 30 minute monitoring period post vaccination.	
History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccine.	
History of capillary leak syndrome. Such individuals may receive mRNA vaccine.	
History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.	
Immunocompromised and those with autoimmune disorders: such individuals may respond less well to vaccines if immunocompromised but COVID-19 vaccines are not live vaccines and are safe for such individuals.	
Pregnancy: pregnant women benefit from COVID-19 vaccination. The vaccine is not contraindicated for use at any stage of pregnancy or when breastfeeding.	

\* Serious AEFI are those that required urgent medical care, resulted in hospitalization, or permanent disability.

**Any deferral related to an adverse event following immunization (AEFI) with COVID-19 vaccine must be reported for evaluation through the formal process for public health review and recommendations for subsequent doses.**

## RE: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting

---

From: Emerson, Brian P HLTH:EX  
To: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
Cc: Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>  
Sent: October 8, 2021 5:09:15 PM PDT  
Attachments: Residential Care Preventive Measures Compare Oct 4 to Oct 8.docx

Thanks Haley for doing this.

To help zero in on the changes that I mentioned below, i.e. the minor adjustments suggested by our legal advisor to clarify the exemption application process, I combined the two documents in Word so you can see the changes marked with track changes, and highlighted the changes related to the exemptions.

You will see that these changes relate to the introduction of a definition of “proof of exemption request”, which enabled us to streamline the sections related to exemptions.

In addition we added a reference to the PHO website to point people to the guideline and form, clarified that we are not accepting reviews (this is because if an MHO makes a decision about an exemption the person could request a review by the PHO), and we added a new email contact so that the requests come to a dedicated email address.

The other changes shown by track changes are editorial in nature.

Hope this helps and happy to answer any further questions.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Sent:** October 8, 2021 4:43 PM  
**To:** Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>  
**Subject:** RE: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting

Hi,

I compared the two files – you can see the differences in the attached. The document on the LEFT is the NEW Order.

Haley

---

**From:** Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>  
**Sent:** October 8, 2021 4:39 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>  
**Subject:** RE: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting

Looping Jeff in on this, as well.

---

**From:** Holoiday, Leah GCPE:EX  
**Sent:** October 8, 2021 4:28 PM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Miller, Haley HLTH:EX <[Haley.Miller@gov.bc.ca](mailto:Haley.Miller@gov.bc.ca)>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting

Hi Dr. Emerson,

Minister just asked what is the working that changed in this updated version?

Leah

---

**From:** Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>  
**Sent:** October 8, 2021 4:26 PM  
**To:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>; MacDonald, Alex HLTH:EX <[Alex.MacDonald@gov.bc.ca](mailto:Alex.MacDonald@gov.bc.ca)>  
**Cc:** Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>; Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>  
**Subject:** RE: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting

Question from MO – what is the wording that changed?

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**From:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Sent:** October 8, 2021 4:03 PM  
**To:** Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; MacDonald, Alex HLTH:EX <[Alex.MacDonald@gov.bc.ca](mailto:Alex.MacDonald@gov.bc.ca)>  
**Cc:** Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>; Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting  
**Importance:** High

Hi again,

Any concerns with posting the attached online?

Leah

---

**From:** Holoiday, Leah GCPE:EX  
**Sent:** October 8, 2021 2:54 PM  
**To:** Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; MacDonald, Alex HLTH:EX <[Alex.MacDonald@gov.bc.ca](mailto:Alex.MacDonald@gov.bc.ca)>  
**Cc:** Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>  
**Subject:** FW: Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting  
**Importance:** High

Hi all,

Dr. Emerson has asked for the following to be posted online.

Any concerns?

Leah

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** October 8, 2021 2:46 PM  
**To:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>; Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>  
**Cc:** Miller, Haley HLTH:EX <[Haley.Miller@gov.bc.ca](mailto:Haley.Miller@gov.bc.ca)>  
**Subject:** Residential Care COVID-19 Preventive Measures PHO order & Guideline for posting  
**Importance:** High

Please post the attached to the website, and would appreciate that being done today:

Title is "Residential Care COVID-19 Preventive Measures – October 8, 2021". Please move the "Residential Care Staff COVID-19 Preventive Measures PHO Order – October 4, 2021 (PDF, 507KB)" to the archives.

Also please replace that current guidelines document with the one attached.

Title is "Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021"

Also, I noticed that the Guidelines and Medical Deferral Form were placed under the incorrect Order. They should be under the "Preventive Measures" order, not the "Vaccination Status Information Order". I know the titles are very similar to easy to get confused.

s.13; s.14

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

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**From:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Sent:** October 8, 2021 9:46 AM  
**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Cc:** Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>; Thistle-Walker, Carlene HLTH:EX <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>; Miller, Haley HLTH:EX <[Haley.Miller@gov.bc.ca](mailto:Haley.Miller@gov.bc.ca)>  
**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hello again!

This is now published.

Leah

---

**From:** CITZ GDX Covid-19 Web Updates CITZ:EX <[COVIDWeb@gov.bc.ca](mailto:COVIDWeb@gov.bc.ca)>  
**Sent:** October 8, 2021 9:45 AM  
**To:** Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Cc:** Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; Thomson, Krystal GCPE:EX <[Krystal.Thomson@gov.bc.ca](mailto:Krystal.Thomson@gov.bc.ca)>; May, Stephen GCPE:EX <[Stephen.May@gov.bc.ca](mailto:Stephen.May@gov.bc.ca)>; Thistle-Walker, Carlene HLTH:EX <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>; Li, Jessica P HLTH:EX <[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)>; GCPE Communications - COVID HLTH <[CommHcovid@Victoria1.gov.bc.ca](mailto:CommHcovid@Victoria1.gov.bc.ca)>; Shepherd, Brent GCPE:EX <[Brent.Shepherd@gov.bc.ca](mailto:Brent.Shepherd@gov.bc.ca)>  
**Subject:** Re: Guidelines for Request for Reconsideration (Exemption) Process

Hi Leah,

The new guidance has now been published as requested.

Thanks,  
Marcus

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**From:** "Holoiday, Leah GCPE:EX" <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>  
**Date:** Friday, October 8, 2021 at 9:29 AM

**To:** "CITZ GDX Covid-19 Web Updates CITZ:EX" <COVIDWeb@gov.bc.ca>  
**Cc:** "Ferrier, Jeffrey GCPE:EX" <Jeffrey.Ferrier@gov.bc.ca>, "Machell, Aileen GCPE:EX" <Aileen.Machell@gov.bc.ca>, "Thomson, Krystal GCPE:EX" <Krystal.Thomson@gov.bc.ca>, "May, Stephen GCPE:EX" <Stephen.May@gov.bc.ca>, "Thistle-Walker, Carlene HLTH:EX" <Carlene.ThistleWalker@gov.bc.ca>, "Li, Jessica P HLTH:EX" <Jessica.P.Li@gov.bc.ca>, GCPE Communications - COVID HLTH <CommHcovid@Victoria1.gov.bc.ca>, "Shepherd, Brent GCPE:EX" <Brent.Shepherd@gov.bc.ca>  
**Subject:** RE: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web Team!

Checking in on the status of this posting.

---

**From:** Holoiday, Leah GCPE:EX  
**Sent:** October 7, 2021 6:29 PM  
**To:** CITZ GDX Covid-19 Web Updates CITZ:EX <COVIDWeb@gov.bc.ca>  
**Cc:** Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Thomson, Krystal GCPE:EX <Krystal.Thomson@gov.bc.ca>; May, Stephen GCPE:EX <Stephen.May@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; GCPE Communications - COVID HLTH <CommHcovid@Victoria1.gov.bc.ca>; Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
**Subject:** FW: Guidelines for Request for Reconsideration (Exemption) Process

Hi Web team!

Please see Dr. Emerson's email below.

Leah

---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Sent:** October 7, 2021 2:39 PM  
**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
**Cc:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>; Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>; Havens, Jessica HLTH:EX <Jessica.Havens@gov.bc.ca>; XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Subject:** Guidelines for Request for Reconsideration (Exemption) Process

Good afternoon.

Please post the attached.

Title is "Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021".

Please place this under the related order as follows.

- [Residential Care COVID-19 Vaccination Status Information – October 6, 2021 \(PDF, 506KB\)](#)
  - Guidelines for Request for Reconsideration (Exemption) Process– October 7, 2021
  - Medical Deferral Form – October 7 2021

This document provides instructions for health care workers seeking a medical exemption to the PHO vaccination requirements.

This guideline replaces the one called [Valid contraindications and deferrals to COVID-19 vaccination – September 15, 2021 \(PDF, 211KB\)](#) that is in the guidelines section so please move that one to the Archive guidance.



I recommended putting this new guidance document and form right under the order to make it easy to find, as the order specifically refers to the need to submit the form.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

Page 877 of 989 to/à Page 903 of 989

Withheld pursuant to/removed as

s.13 ; s.17



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

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

### ***RESIDENTIAL CARE COVID-19 PREVENTIVE MEASURES – OCTOBER 8, 2021***

The *Public Health Act* is at:

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

(excerpts enclosed)

- TO: PERSONS WHO OPERATE OR PROVIDE HOUSING AND SERVICES IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES FOR SENIORS, (HEREINAFTER REFERRED TO AS AN “OPERATOR” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES, INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS WHO ARE EMPLOYED TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: PERSONS WHO PROVIDE CARE, SERVICES, SUPPORT OR OTHER MATTERS IN FACILITIES**

#### **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 heightened the risk to the population generally and particularly to frail elderly and persons with underlying medical conditions;

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Ministry of Health

Office of the  
Provincial Health Officer

s.15; s.19

PO BOX 9048 STN PROV GOV I  
Victoria BC V8W 9P4  
Fax: (250) 952-1570  
<http://www.health.gov.bc.ca/pho/>

- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Unvaccinated persons are at higher risk than vaccinated persons 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. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated, since despite the fact that vaccination is the single most effective protection against illness, vaccination is not completely protective, and protection may wane with time;
- H. Vaccination is safe, very effective and the single most important preventive measure a staff member, other person providing health care, personal care, other services or support or a visitor can take to protect residents, and the health care and personal care workforce, from infection, severe illness and possible death from COVID-19.
- I. There are clear, objective criteria for determining whether a person has a medical contraindication to a COVID-19 vaccination, and very few people fall into this category.
- J. 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.
- K. 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.
- L. Both the public health and the health care systems are using a disproportionate amount 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.
- 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. I recognize the effect which the measures I am putting in place to protect the health of the residents and staff in facilities 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 to residents of facilities created by the presence of unvaccinated persons in facilities;

- P. 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 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;
- Q. 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 residents and staff in facilities;
- R. After weighing the health interests of residents and staff in facilities, against the interests of persons who are not vaccinated for reasons other than medical deferral, and taking into account the importance of maintaining a healthy workforce in residential care 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 contraindication to vaccination.
- S. I have reason to believe and do believe that
- (i) the presence of an unvaccinated staff member, provider or visitor in a facility constitutes a health hazard under the *Public Health Act*;
  - (ii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of an unvaccinated staff member, provider or visitor in facilities, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 56, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

**THIS ORDER REPEALS AND REPLACES THE *RESIDENTIAL CARE COVID-19 PREVENTIVE MEASURES ORDER MADE ON OCTOBER 4, 2021***

**DEFINITIONS:**

**In this Order**

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

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

**“employer”** means a person who employs a staff member;

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

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

**“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;

**“new staff member”** means a person hired after October 25, 2021 to work in a facility;

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

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, or a licensee or a registrant under the *Community Care and Assisted Living Act*;

**“outside health care or personal care provider”** means health professional, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

**“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but does not include a visitor;

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

**“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;

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“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;

**“provider”** means a person to whom one of Parts E through J applies;

**“rapid test”** means a test that

- a. is administered using a device commonly known as a “rapid testing device” or “point-of-care test device”,
- b. is used as a screening tool for the communicable disease known as COVID-19,
- c. provides test results at the point of testing within approximately 20 minutes of the test being administered, and
- d. is approved for use in Canada by the department of the federal government responsible for regulating health devices;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract, and a health professional who is in either an employment or contractual relationship with an operator or contractor, which requires the health professional to provide health care in a facility;

**“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).

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

**“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.

**A. STAFF MEMBERS HIRED BEFORE OCTOBER 26, 2021**

1. An unvaccinated staff member hired after October 11, 2021 and before October 26, 2021, must not work in a facility, or accompany a resident away from a facility, until the staff member has received one dose of vaccine and 7 days have passed.
2. An operator and an employer must not permit an unvaccinated staff member hired after October 11, 2021 and before October 26, 2021, to work in a facility, or to accompany a resident away from a facility, unless the staff member has received one dose of vaccine and seven days have passed.
3. A staff member to whom section 1 applies, must comply with the preventive measures in Part B.
4. An operator and an employer must not permit a staff member to whom section 1 applies to work in a facility, or to accompany a resident away from a facility, unless 7 days have passed from the time the staff member received a dose of vaccine, and the staff member complies with the preventive measures in Part B.
5. Subject to sections 6 and 8, a staff member hired before October 12, 2021, must be vaccinated to work in a facility, or accompany a resident away from a facility, after October 11, 2021.
6. Subject to section 7, and despite section 5,
  - a. an unvaccinated staff member who received one dose of vaccine before October 12, 2021, may work in a facility, or accompany a resident away from a facility, after October 11, 2021, if the staff member complies with the preventive measures in Part B, or
  - b. an unvaccinated staff member who is ineligible to work as of October 12, 2021, because the staff member did not receive one dose of vaccine before October 12, 2021, but who received one dose of vaccine before October 26, may, 7 days after receiving the dose of vaccine, work in a facility, or accompany a resident away from a facility, after October 11, 2021, if the staff member complies with the preventive measures in Part B.



7. Despite section 6, an unvaccinated staff member described in section 6 a. or b., must not continue to work in a facility more than 35 days after receiving the first dose of vaccine, unless the staff member has received a second dose of vaccine between 28 to 35 days after the first dose, and continues to comply with the preventive measures in Part B until 7 days after the receiving the second dose of vaccine.
8. An operator and an employer must not permit an unvaccinated staff member described in section 6 a. or b.,
  - a. to work in a facility if the staff member is not in compliance with section 6, or
  - b. to continue to work in a facility more than 35 days after receiving the first dose of vaccine, if the staff member has not received a second dose of vaccine between 28 to 35 days after the first dose.

## **B. PREVENTIVE MEASURES**

1. A staff member who is required to comply with preventive measures must
  - a. wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility, except when consuming food or a beverage,
  - b. be tested for COVID-19 by means of a rapid test at a facility at every shift.
2. If a rapid test result is positive, an unvaccinated staff member must
  - a. notify the operator and employer, if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
3. The operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility.

4. The operator must make provision for the rapid testing of staff for COVID-19 in a facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 1.
5. The operator and the employer, if not the operator, must require an unvaccinated staff member, who tests positive after a rapid test, to leave the facility immediately it is operationally safe to do so.
6. An unvaccinated staff member who is not in compliance with sections 1 and 2, must not be in a facility, and must not accompany a resident away from a facility.
7. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result, after receiving a positive test result from a rapid test, must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return is approved by the medical health officer.
8. An operator and employer, if not the operator, must not permit an unvaccinated staff member, who is not in compliance with sections 1 and 2, to be in a facility, or to accompany a resident away from a facility.
9. An operator and employer, who is not an operator, must not permit an unvaccinated staff member, who tests positive on a rapid test, to return to a facility, until the staff member provides a negative PCR test result, 10 days have passed from the time of the positive rapid test result, or an earlier return is approved by the medical health officer.

**C. PREVENTIVE MEASURES APPLICABLE TO NEW STAFF [hired after October 25, 2021]**

1. A new staff member must be vaccinated to work in a facility, or to accompany a resident away from a facility.
2. An unvaccinated new staff member must not work in a facility, or accompany a resident away from a facility.
3. An operator must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.
4. An employer must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.

**D. STAFF MEMBERS WITH AN EXEMPTION FROM VACCINATION OR WHO HAVE APPLIED FOR AN EXEMPTION**

1. Despite Parts A and C, an unvaccinated staff member may work in a facility, if
  - a. the staff member provides an exemption to the staff member's employer, and the staff member is in compliance with the conditions of the exemption, or

- b. the staff person provides proof of an exemption request to the staff member's employer, and the staff member is in compliance with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
2. An unvaccinated staff member who is not in compliance with either section 1 a. or b. must not be in a facility.
3. An employer must not permit an unvaccinated staff person to whom either section 1 a. or b. applies to work in a facility, if the person is not in compliance with either section 1 a. or b.

#### **E. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider who does not provide an operator with proof of vaccination or an exemption, and who is in a facility, must:
  - a. wear a medical mask which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility, except for the resident to whom they are providing care,
  - c. not be in close contact with a resident to whom they are providing care, unless it is necessary in order to provide care to the resident.
2. An outside health care or personal care provider 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 facility.
3. An operator must not permit an outside health care or personal care provider who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1, to be in a facility.
4. An operator must make and retain a record of proof of vaccination or an exemption provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. An outside health care or personal care provider who does not provide an operator with proof of vaccination or an exemption must not be in a facility.
6. An operator must request proof of vaccination or an exemption from an outside health care or personal care provider who seeks access to a facility.
7. An operator must not permit an outside health care or personal care provider who has not provided proof of vaccination or an exemption to be in a facility.

8. An operator must make and retain a record of proof of vaccination, or an exemption provided by an outside health care or personal care provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **F. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. 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 facility.
2. An operator must request proof of vaccination or an exemption from an outside support or personal service provider who seeks access to a facility.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination or an exemption to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **G. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination or an exemption must not be in a facility.
2. An operator must request proof of vaccination or an exemption from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination or an exemption, to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **H. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

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

2. A regular other outside provider who does not have close contact with a resident, 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 facility.
3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1 to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
6. An operator must request proof of vaccination or an exemption from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
8. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

#### **I. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

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

2. An occasional other outside provider who has close contact with a resident, 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 facility.
3. An operator must not permit an occasional other outside provider who has close contact with a resident, 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 facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
6. An operator must request proof of vaccination or an exemption from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
7. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
8. An operator must make and retain a record of proof of vaccination, or an exemption provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

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

3. An operator must not permit an occasional other outside provider who does not have close contact with a resident, 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 facility.
4. An operator must make and retain a record of proof of vaccination or an exemption provided by an occasional other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**K. PROVIDERS WITH AN EXEMPTION FROM VACCINATION OR WHO HAVE APPLIED FOR AN EXEMPTION**

1. Despite Parts E through J, an unvaccinated provider may be in a facility, if
  - a. the provider provides an exemption to the operator, and the staff member is in compliance with the conditions of the exemption, or
  - b. the provider provides proof of an exemption request to the operator, and the provider complies with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
2. An unvaccinated provider who is not in compliance with either section 1 (a) or (b) must not be in a facility.
3. An operator must not permit an unvaccinated provider who is not in compliance with either section 1 (a) or (b) to be in a facility.

**L. 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 FACILITY 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 facility is located to receive, consider, and make a decision with respect to a request for reconsideration related to a facility, or a request from an individual seeking a medical exemption related to working in or being in a facility.

**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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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 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>).

Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the Act, I will not be accepting requests for a review of this Order.



A request under section 43 may be submitted to the Provincial Health Officer at [PHOExemptions@gov.bc.ca](mailto:PHOExemptions@gov.bc.ca) with the subject line “Request for Reconsideration about Preventive Measures in Facilities”.


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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 8<sup>th</sup> 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****1 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;

**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.

### **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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

### **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*];

## **RE: Hospital and Community Preventive Measures PHO Order - FOR WEB POSTING**

From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
Cc: Leah.Holoiday@gov.bc.ca, Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>, Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
Sent: October 15, 2021 12:11:14 PM PDT

Hi Brent. I see all the recent orders, as well as the guidelines and form have been posted. Thanks very much!

Per my initial suggestion, the Guidelines and Medical Deferral Form are used for both the Residential Care Order and the Hospital and Community Order. From a user convenience perspective, could the Guidelines and Form be put under both orders (see highlighted below).

Also there is an extra word in the Residential Care order – please remove “Staff”

### Orders

- Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures PHO Order – October 14, 2021 (PDF, 526KB)
  - Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021 (PDF, 420KB)
  - Medical Deferral Form – October 8, 2021 (PDF, 258KB)
- Residential Care COVID-19 Vaccination Status Information – October 6, 2021 (PDF, 506KB)
- Residential Care **Staff** COVID-19 Preventive Measures PHO Order – October 8, 2021 (PDF, 513KB)
  - Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021 (PDF, 420KB)
  - Medical Deferral Form – October 8, 2021 (PDF, 258KB)

Thanks again!

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX  
**Sent:** October 14, 2021 1:00 PM  
**To:** Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>  
**Cc:** Leah.Holoiday@gov.bc.ca; Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>  
**Subject:** RE: Hospital and Community Preventive Measures PHO Order - FOR WEB POSTING

Hi Brent.

Further to my request below, I see that that my request from Friday, that I followed up on yesterday, does not seem to have been actioned.

Attached for ease of reference are the documents that need posting.



This new order will also be relying on the “Guidelines for Request for Reconsideration (Exemption) Process” and the “Medical Deferral Form”. I think setting it up as follows might make the most sense, but am open to suggestions.

## Orders

### Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures – October 14, 2021

- Read related Ministry of Health guidance for Request for Reconsideration (Exemption) Guidance and Medical Deferral Form

### Residential Care Staff COVID-19 Preventive Measures PHO Order – October 8, 2021

- Read related Ministry of Health guidance for Request for Reconsideration (Exemption) Guidance and Medical Deferral Form

## Guidance

- Guidelines for Request for Reconsideration (Exemption) Process – October 8, 2021
  - Medical Deferral Form – October 8, 2021 (PDF, 260KB)

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX  
**Sent:** October 14, 2021 11:42 AM  
**To:** Shepherd, Brent GCPE:EX <[Brent.Shepherd@gov.bc.ca](mailto:Brent.Shepherd@gov.bc.ca)>; Thistle-Walker, Carlene HLTH:EX <[Carlene.ThistleWalker@gov.bc.ca](mailto:Carlene.ThistleWalker@gov.bc.ca)>; Li, Jessica P <[Jessica.P.Li@gov.bc.ca](mailto:Jessica.P.Li@gov.bc.ca)>; HLTH HECCEXTDOC HLTH:EX <[HECC.EXTDOC@gov.bc.ca](mailto:HECC.EXTDOC@gov.bc.ca)>  
**Cc:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; van Baarsen, Amanda <[Amanda.vanBaarsen@gov.bc.ca](mailto:Amanda.vanBaarsen@gov.bc.ca)>; (Brittany.Smillie@gov.bc.ca) <[Brittany.Smillie@gov.bc.ca](mailto:Brittany.Smillie@gov.bc.ca)>; Thompson, Laurel <[Laurel.Thompson@gov.bc.ca](mailto:Laurel.Thompson@gov.bc.ca)>; Sullivan, Michelle A HLTH:EX <[Michelle.Sullivan@gov.bc.ca](mailto:Michelle.Sullivan@gov.bc.ca)>; Halicki, Ashley HLTH:EX (<[Ashley.Halicki@gov.bc.ca](mailto:Ashley.Halicki@gov.bc.ca)> <[Ashley.Halicki@gov.bc.ca](mailto:Ashley.Halicki@gov.bc.ca)>); Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; Leah.Holoiday@gov.bc.ca; Jessica HLTH:EX Havens (<[Jessica.Havens@gov.bc.ca](mailto:Jessica.Havens@gov.bc.ca)> <[Jessica.Havens@gov.bc.ca](mailto:Jessica.Havens@gov.bc.ca)>); (Marielle.Tounsi@gov.bc.ca) <[Marielle.Tounsi@gov.bc.ca](mailto:Marielle.Tounsi@gov.bc.ca)>; Amos, Heather <[heather.amos@bccdc.ca](mailto:heather.amos@bccdc.ca)>  
**Subject:** Hospital and Community Preventive Measures PHO Order - FOR WEB POSTING  
**Importance:** High

Please post the attached order, as we need to make sure staff and health professionals have as much notice as possible about the need to be vaccinated.

Title is “Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures – October 14, 2021”.

Apologies again for the false start yesterday. We needed to revise our approach to health professionals in private practice to give them and their staff notice that they will be required to be vaccinated, but have not provided the deadline in the previous version to allow additional time for implementation planning. In addition this version includes a deadline of November 15 for staff who are not vaccinated after October 26 to get the first dose.

In short this order, which is directed to health care employers and funders (i.e. Regional Health Boards, the Provincial Health Services Authority, British Columbia Emergency Health Services, Providence Health Care, the Minister of Health, the Minister of Mental Health and Addictions, and operators of Provincial Mental Health Facilities) their employees, contractors, subcontractors, and health professionals who work for them and requires staff (which is broadly defined) to be vaccinated against COVID-19.

The order requires staff to report their vaccination status to their employer and students to report their vaccination status to the Health Services Placement network. Employers who have access to the Workplace Health Indicator Tracking and Evaluation Data Base (WHITE) can access that for vaccination monitoring purposes.

Staff must have at least one dose of vaccine by October 26, follow prescribed preventive measures and must get the second dose within 28-35 days after the first dose. If they do not get the first dose before October 26 they would be ineligible to work, unless they have an exemption or have applied for an exemption. If they get a first dose after October 26 and wait seven days they may return to work and follow preventive measures, but must get the second dose within 28-35 days. They must get their first dose by November 15 or may face termination.

Any staff hired after October 25 must be fully vaccinated.

The order contains rules for outside health care, personal care, support, personal service and other outside providers with respect to access and vaccination status, which are similar to the requirements already in place for long term care and assisted living.

Regulated health professionals in private practice, who are also covered by the above rules if they are categorized as staff, are put on notice that they will be required to be vaccinated by at date to be determined in order to provide health care or services.

Requests for exemptions from the mandatory vaccination rules can be made, but only for medical deferral of vaccination reasons made on the basis that the health of the person would be seriously jeopardized if they followed the order. Guidelines for requesting an exemption, conditions warranting a medical deferral, and a supporting form are on the PHO website.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## RE: Current Staff with One Dose Earlier this Year and no Dose 2

---

From: Emerson, Brian P HLTH:EX  
To: Matt Prescott <MattP@heabc.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Sari Ahonen Wiens <swiens@harrisco.com>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: October 18, 2021 9:31:30 AM PDT

Hi Matt and thanks for mentioning this issue wrt the Hospital and Community Order as I had noted that as well.

I am working on the Residential Preventive Measures Order today so should be out soon.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** October 18, 2021 9:11 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Sari Ahonen Wiens <swiens@harrisco.com>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

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Hi Brian,

I'm just following up on this issue about staff who received Dose 1 more than 35 days ago but have not yet received Dose 2. At least some Health Authorities have advised that they have a number of staff in this category. I had understood you were planning to amend the Residential Care order to permit them to continue working with preventive measures until October 25. The same change would presumably need to be made to the Hospital and Community order (with November 14 as the last date to receive Dose 2).

There is some urgency to this under the Residential Care order, as employers are currently allowing some staff with only one Dose (received more than 35 days ago) to continue working in conflict with the order and the employers need to provide clear notice to these staff that they must get Dose 2 by October 25. There is less urgency under the Hospital and Community order.

Please let me know if you'd like to discuss, or otherwise if we can expect to see an amendment to the Residential Care order this week.

Thanks  
Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓il̓w̓it̓ul̓h (Tseil-Waututh), and x̓w̓m̓ə̓θ̓ kw̓əy̓ə̓m (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** Sunday, October 10, 2021 11:43 AM

**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>

**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

There seems to never be an end to the complexity of this!

Seems to make sense to let them keep working with preventive measures, given they have got dose 1, to allow for getting dose 2. This would be in keeping with how we treated staff who recently got dose 1.

If this makes sense to you we can change the order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** October 10, 2021 11:05 AM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>

**Subject:** Current Staff with One Dose Earlier this Year and no Dose 2

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Brian and Mark,

s.13; s.17

s.13; s.17

Relevant wording in the order is below.

Thanks,

Matt

s.13; s.17

Sent from my iPhone

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## RE: Current Staff with One Dose Earlier this Year and no Dose 2

---

From: Matt Prescott <MattP@heabc.bc.ca>  
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Sari Ahonen Wiens <swiens@harrisco.com>, Dave Hanacek <DaveH@heabc.bc.ca>, Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
Sent: October 20, 2021 7:47:20 PM PDT

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Brian,

We just noticed that there may be some confusion arising from my email (in particular the sentence highlighted below).

To clarify, we are suggesting:

s.13; s.17

Please let me know or feel free to call if you have any questions.

Thanks  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓iɫw̓itulh (Tsleil-Waututh), and x̓w̓m̓əθ̓ kw̓əy̓ə̓m (Musqueam) nations.

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---

**From:** Matt Prescott <MattP@heabc.bc.ca>  
**Sent:** Wednesday, October 20, 2021 5:04 PM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
**Cc:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Sari Ahonen Wiens <swiens@harrisco.com>; Dave Hanacek <DaveH@heabc.bc.ca>; Carmen Hamilton <Carmen.Hamilton@heabc.bc.ca>; Paul Todd <Paul.Todd@heabc.bc.ca>; Johnson, Eugene HLTH:EX <Eugene.Johnson@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>  
**Subject:** Re: Current Staff with One Dose Earlier this Year and no Dose 2

Hi Brian,

Thank you for the opportunity to review and for providing the summary and table.

s.13; s.17

Thanks again for the opportunity to provide feedback, and please let me know if a call would be helpful.

Matt

On Oct 20, 2021, at 12:55 PM, Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)> wrote:

Hi Matt and thanks for offering to review the revision.

Below is what we are proposing, and below that is a table that perhaps helps to summarize the changes.

s.13; s.17

Page 933 of 989 to/à Page 934 of 989

Withheld pursuant to/removed as

s.13 ; s.17



Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C 250.514.2219 F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** October 18, 2021 6:41 PM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>

**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian,

That's great – thanks very much. We would be happy to review a draft of the amendment if that is feasible.  
s.13; s.17

Thanks,  
Matt

Matt Prescott (he/him)

Vice President, Legal Services, Negotiations & Labour Relations

**HEALTH EMPLOYERS ASSOCIATION OF BC**

Office: 604.714.2295

Mobile: 604.506.0007

[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)

[heabc.bc.ca](http://heabc.bc.ca)

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** Monday, October 18, 2021 9:32 AM

**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>

**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

Hi Matt and thanks for mentioning this issue wrt the Hospital and Community Order as I had noted that as well.

I am working on the Residential Preventive Measures Order today so should be out soon.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** October 18, 2021 9:11 AM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Johnson, Eugene HLTH:EX <[Eugene.Johnson@gov.bc.ca](mailto:Eugene.Johnson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>

**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Privileged & Confidential

Hi Brian,

Thanks  
Matt

Matt Prescott (he/him)  
Vice President, Legal Services, Negotiations & Labour Relations  
**HEALTH EMPLOYERS ASSOCIATION OF BC**  
Office: 604.714.2295  
Mobile: 604.506.0007  
[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)  
[heabc.bc.ca](http://heabc.bc.ca)

I acknowledge that my place of work is within the ancestral and traditional territory of the Coast Salish peoples: the s̓k̓w̓x̓w̓ú7mesh (Squamish), sel̓ílwitulh (Tsleil-Waututh), and x̓w̓m̓əθ̓ kwəy̓ə̓m (Musqueam) nations.

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** Sunday, October 10, 2021 11:43 AM  
**To:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton <[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>  
**Subject:** RE: Current Staff with One Dose Earlier this Year and no Dose 2

There seems to never be an end to the complexity of this!

Seems to make sense to let them keep working with preventive measures, given they have got dose 1, to allow for getting dose 2. This would be in keeping with how we treated staff who recently got dose 1.

If this makes sense to you we can change the order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>

**Sent:** October 10, 2021 11:05 AM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Armitage, Mark W HLTH:EX  
<[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sari Ahonen Wiens <[swiens@harrisco.com](mailto:swiens@harrisco.com)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Carmen Hamilton  
<[Carmen.Hamilton@heabc.bc.ca](mailto:Carmen.Hamilton@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>

**Subject:** Current Staff with One Dose Earlier this Year and no Dose 2

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Privileged & Confidential

Brian and Mark,

s.13; s.17

Thanks,

Matt

s.13; s.17

Sent from my iPhone

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## **Residential Care COVID-19 Preventive Measures PHO order - for web posting**

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From: Emerson, Brian P HLTH:EX  
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda <Amanda.vanBaarsen@gov.bc.ca>, (Brittany.Smillie@gov.bc.ca) <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group /cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Halicki, Ashley HLTH:EX (Ashley.Halicki@gov.bc.ca) <Ashley.Halicki@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, (Marielle.Tounsi@gov.bc.ca) <Marielle.Tounsi@gov.bc.ca>, (Allison.McCaffrey@gov.bc.ca) <Allison.McCaffrey@gov.bc.ca>, Amos, Heather <heather.amos@bccdc.ca>, Thompson, Laurel </o=BCGOVT/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4c0d3e6a26974ba4be0c3fba056ea3cf-Thompson, Laurel>  
Sent: October 21, 2021 12:29:01 PM PDT  
Attachments: Residential Care Preventive Measures Order Oct. 21 final.pdf

Please post the attached order to the website, and would appreciate that being done today:

Title is “Residential Care COVID-19 Preventive Measures – October 21, 2021”. Please move the “Residential Care Staff COVID-19 Preventive Measures PHO Order – October 8, 2021 (PDF, 507KB)” to the Preventive Measures archives.

The main revision to this order is that it clarifies that staff who were vaccinated with one dose longer ago (before September 22) must have a second dose prior to October 26. This is consistent with the rules for staff who were vaccinated more recently. While this was the expectation, it was not clear in the order, so this has been made explicit.

In addition US military identification was added to the list of acceptable photo identification for the proof of vaccination requirement.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

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

### ***RESIDENTIAL CARE COVID-19 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: PERSONS WHO OPERATE OR PROVIDE HOUSING AND SERVICES IN LONG TERM CARE FACILITIES, PRIVATE HOSPITALS, STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, ASSISTED LIVING RESIDENCES FOR SENIORS, (HEREINAFTER REFERRED TO AS AN “OPERATOR” OR A “FACILITY” OR COLLECTIVELY AS “OPERATORS” OR AS “FACILITIES”)**
- TO: PERSONS WHO EMPLOY STAFF WHO WORK IN FACILITIES, INCLUDING OPERATORS AND CONTRACT EMPLOYERS (HEREINAFTER REFERRED TO AS AN “EMPLOYER” OR COLLECTIVELY AS “EMPLOYERS”)**
- TO: PERSONS WHO ARE EMPLOYED TO WORK IN FACILITIES (HEREINAFTER REFERRED TO AS A “STAFF MEMBER” OR COLLECTIVELY AS “STAFF”)**
- TO: PERSONS WHO PROVIDE CARE, SERVICES, SUPPORT OR OTHER MATTERS IN FACILITIES**

#### **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 heightened the risk to the population generally and particularly to frail elderly and persons with underlying medical conditions;

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Ministry of Health

Office of the  
Provincial Health Officer

s.15; s.19

2500 BURNHAMTHORPE STREET  
VICTORIA BC V8W 9P4  
Fax: (250) 952-1570  
<http://www.health.gov.bc.ca/pho/>

- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available to residents and staff in British Columbia;
- E. Unvaccinated persons are at higher risk than vaccinated persons 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. Although the vaccination rate of residents and staff is generally high in many facilities, there are facilities where this is not the situation, and in all facilities there are residents and staff who are not vaccinated;
- G. Residents of facilities are typically elderly and usually have chronic health conditions or compromised immune systems which makes them particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated, since despite the fact that vaccination is the single most effective protection against illness, vaccination is not completely protective, and protection may wane with time;
- H. Vaccination is safe, very effective and the single most important preventive measure a staff member, other person providing health care, personal care, other services or support or a visitor can take to protect residents, and the health care and personal care workforce, from infection, severe illness and possible death from COVID-19.
- I. There are clear, objective criteria for determining whether a person has a medical contraindication to a COVID-19 vaccination, and very few people fall into this category.
- J. 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.
- K. 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.
- L. Both the public health and the health care systems are using a disproportionate amount 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.
- 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. I recognize the effect which the measures I am putting in place to protect the health of the residents and staff in facilities 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 to residents of facilities created by the presence of unvaccinated persons in facilities;

- P. 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 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;
- Q. 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 residents and staff in facilities;
- R. After weighing the health interests of residents and staff in facilities, against the interests of persons who are not vaccinated for reasons other than medical deferral, and taking into account the importance of maintaining a healthy workforce in residential care 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 contraindication to vaccination.
- S. I have reason to believe and do believe that
- (i) the presence of an unvaccinated staff member, provider or visitor in a facility constitutes a health hazard under the *Public Health Act*;
  - (ii) in order to mitigate the risk of the transmission of SARS-CoV-2 arising from the presence of an unvaccinated staff member or provider in facilities, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54,56, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

**THIS ORDER REPEALS AND REPLACES THE *RESIDENTIAL CARE COVID-19 PREVENTIVE MEASURES ORDER MADE ON OCTOBER 8, 2021***

**DEFINITIONS:**

**In this Order**

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

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

**“employer”** means a person who employs a staff member;

**“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*;

**“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;

**“new staff member”** means a person hired after October 25, 2021 to work in a facility;

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

**“operator”** means a board designated under the *Health Authorities Act*, a board of management of a stand-alone extended care hospital designated under the *Hospital Act*, a licensee under the *Hospital Act*, or a licensee or a registrant under the *Community Care and Assisted Living Act*;

**“outside health care or personal care provider”** means health professional, home support worker, faculty member of a health care or personal care educational or training facility, emergency medical assistant present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;

**“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but does not include a visitor;

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

**“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;

**“PCR test”** means a polymerase chain reaction test administered by a publicly funded program or a publicly paid health care provider;

**“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;

**“provider”** means a person to whom one of Parts E through K applies;

**“rapid test”** means a test that

- a. is administered using a device commonly known as a “rapid testing device” or “point-of-care test device”,
- b. is used as a screening tool for the communicable disease known as COVID-19,
- c. provides test results at the point of testing within approximately 20 minutes of the test being administered, and
- d. is approved for use in Canada by the department of the federal government responsible for regulating health devices;

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

**“staff member”** means a person employed by the operator of a facility to work in a facility, or a person employed by a contractor to work in a facility under contract, and a health professional who is in either an employment or contractual relationship with an operator or contractor, which requires the health professional to provide health care in a facility;

**“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).

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

**“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.

**A. STAFF MEMBERS HIRED BEFORE OCTOBER 26, 2021**

1. An unvaccinated staff member hired after October 11, 2021 and before October 26, 2021,
  - i. must not work in a facility, or accompany a resident away from a facility, until the staff member has received one dose of vaccine and 7 days have passed, and
  - ii. must not continue to work in a facility or accompany a resident away from a facility after October 25, 2021, unless the staff member receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and has complied with the preventive measures in Part B until 7 days have passed after receiving the second dose of vaccine.
2. An operator and an employer must not permit an unvaccinated staff member hired after October 11, 2021 and before October 26, 2021, to work in a facility, or to accompany a resident away from a facility, unless the staff member is in compliance with section 1.
3. Subject to section 4, a staff member hired before October 12, 2021, must be vaccinated to work in a facility, or accompany a resident away from a facility, after October 11, 2021.
4. Despite section 3, an unvaccinated staff member
  - a. who received one dose of vaccine before September 22, 2021,
    - i. may continue to work in a facility or accompany a resident away from a facility after October 11, 2021, until October 25, 2021, if the staff member complies with the preventive measures in Part B, and
    - ii. may continue to work in a facility or accompany a resident away from a facility after October 25, 2021, if the staff member
      - A. received a second dose of vaccine before October 26, 2021, and

- B. continues to comply with the preventive measures in Part B until 7 days have passed after receiving the second dose of vaccine.
  - b. who received one dose of vaccine after September 21, 2021, but before October 12, 2021,
    - i. may work in a facility or accompany a resident away from a facility after October 11, 2021, and
    - ii. may continue to work, if the staff member
      - A. complies with the preventive measures in Part B,
      - B. receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and
      - C. continues to comply with the preventive measures in Part B until 7 days have passed after the receiving the second dose of vaccine.
  - c. who did not receive one dose of vaccine before October 12, 2021, but who received one dose of vaccine before October 26,
    - i. may work in a facility, or accompany a resident away from a facility after 7 days have passed after receiving the first dose of vaccine, if the staff member complies with the preventive measures in Part B, and
    - ii. may continue to work in a facility or accompany a resident away from a facility, if the staff member
      - A. receives a second dose of vaccine between 28 to 35 days after receiving the first dose of vaccine, and
      - B. continues to comply with the preventive measures in Part B until 7 days have passed after the receiving the second dose of vaccine.
- 5. An operator and an employer must not permit a staff member to whom section 4 applies to work in a facility or accompany a resident away from a facility if the staff member is not in compliance with section 4.

## **B. PREVENTIVE MEASURES**

- 1. A staff member who is required to comply with preventive measures must
  - a. wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility, except when consuming food or a beverage,
  - b. be tested for COVID-19 by means of a rapid test at a facility at every shift.

2. If a rapid test result is positive, an unvaccinated staff member must
  - a. notify the operator and employer, if not the operator, of the test result,
  - b. leave the facility as soon as it is operationally safe to do so,
  - c. arrange to have a PCR test as soon as possible,
  - d. advise the operator and employer, if not the operator, of the result of the PCR test, and
  - e. not return to the facility, unless
    - i. the result of the PCR test is negative, or,
    - ii. if the PCR test result is positive,
      - A. 10 days have passed from the time of the positive rapid test result, or
      - B. the staff member's return has been approved by the medical health officer.
3. The operator and employer, if not the operator, must require an unvaccinated staff member to wear a medical mask which covers the person's nose and mouth when in a facility, or when accompanying a resident away from a facility.
4. The operator must make provision for the rapid testing of staff for COVID-19 in a facility, and the operator and employer, if not the operator, must require an unvaccinated staff member to be tested as required in section 1.
5. The operator and the employer, if not the operator, must require an unvaccinated staff member, who tests positive after a rapid test, to leave the facility immediately it is operationally safe to do so.
6. An unvaccinated staff member who is not in compliance with sections 1 and 2, must not be in a facility, and must not accompany a resident away from a facility.
7. An unvaccinated staff member who does not provide an operator and employer, if not the operator, with a negative PCR test result, after receiving a positive test result from a rapid test, must not return to a facility until 10 days have passed from the time of the positive rapid test result, unless an earlier return is approved by the medical health officer.
8. An operator and employer, if not the operator, must not permit an unvaccinated staff member, who is not in compliance with sections 1 and 2, to be in a facility, or to accompany a resident away from a facility.
9. An operator and employer, who is not an operator, must not permit an unvaccinated staff member, who tests positive on a rapid test, to return to a facility, until the staff member provides a negative PCR test result, 10 days have passed from the time of the positive rapid test result, or an earlier return is approved by the medical health officer.

**C. PREVENTIVE MEASURES APPLICABLE TO NEW STAFF [hired after October 25, 2021]**

1. A new staff member must be vaccinated to work in a facility, or to accompany a resident away from a facility.
2. An unvaccinated new staff member must not work in a facility, or accompany a resident away from a facility.
3. An operator must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.
4. An employer must not permit an unvaccinated new staff member to work in a facility, or accompany a resident away from a facility.

**D. STAFF MEMBERS WITH AN EXEMPTION FROM VACCINATION OR WHO HAVE APPLIED FOR AN EXEMPTION**

1. Despite Parts A and C, an unvaccinated staff member may work in a facility, if
  - a. the staff member provides an exemption to the staff member's employer, and the staff member is in compliance with the conditions of the exemption, or
  - b. the staff person provides proof of an exemption request to the staff member's employer, and the staff member is in compliance with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
2. An unvaccinated staff member who is not in compliance with either section 1 (a) or (b) must not be in a facility.
3. An employer must not permit an unvaccinated staff person to whom either section 1 (a) or (b) applies to work in a facility, if the person is not in compliance with either section 1 (a) or (b).

**E. OUTSIDE HEALTH CARE OR PERSONAL CARE PROVIDERS**

1. An outside health care or personal care provider ("provider") who does not provide an operator with proof of vaccination, an exemption, or proof of an exemption request, must not be granted access to a facility to provide health care or personal care ("care"), unless the provider complies with the preventive measures in Part B.
2. An outside 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 the preventive measures in Part B, must not provide care in a facility.
3. 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 the preventive measures in Part B to provide care in a facility.

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

4. 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 facility.
5. Despite section 4,
  - a. an unvaccinated provider who received one dose of vaccine before October 26, 2021,
    - i. may provide care in a facility after October 25, 2021, if the provider complies with the preventive measures in Part B, and
    - ii. may continue to provide care in a facility, 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 Part B, 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 facility after October 25, 2021, if the provider complies with the preventive measures in Part B, and
    - ii. may continue to provide care in a facility 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 Part B, until 7 days have passed after receiving the second dose of vaccine.
6. An unvaccinated provider who has an exemption must not provide care in a facility after October 25, 2021, unless the provider is in compliance with the conditions of the exemption.
7. An unvaccinated provider who has a proof of an exemption request must not provide care in a facility after October 25, 2021, unless the provider is in compliance with the preventive measures in Part B, until their request is responded to by me or the medical health officer.
8. An operator must not permit an unvaccinated provider to provide care in a facility after October 25, 2021, unless the provider is in compliance with either section 5 (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 Part B.
9. An operator must request proof of vaccination, an exemption or proof of an exemption request, from a provider who seeks access to a facility.
10. An operator must make and retain a record of proof of vaccination, an exemption, or proof of an exemption request provided by a provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.



**F. OUTSIDE SUPPORT OR PERSONAL SERVICE PROVIDERS**

1. 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 facility.
2. An operator must request proof of vaccination or an exemption from an outside support or personal service provider who seeks access to a facility to provide support or personal services.
3. An operator must not permit an outside support or personal service provider who has not provided proof of vaccination or an exemption to be in a facility to provide support or personal services.
4. An outside support or personal service provider who has an exemption must comply with the conditions of the exemption when in a facility to provide support or personal services.
5. An operator must not permit an outside support or personal service provider who has an exemption to be in a facility to provide support or personal services, if the outside support or personal service provider is not in compliance with section 4.
6. An operator must make and retain a record of proof of vaccination, or an exemption provided by an outside support or personal service provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**G. REGULAR OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who has close contact with a resident and who does not provide an operator with proof of vaccination or an exemption must not be in a facility.
2. An operator must request proof of vaccination or an exemption from a regular other outside provider who has close contact with a resident and who seeks access to a facility.
3. An operator must not permit a regular other outside provider who has close contact with a resident, who has not provided proof of vaccination or an exemption, to be in a facility.
4. A regular other outside provider who has close contact with a resident, and who has an exemption, must comply with the conditions of the exemption when in a facility.
5. An operator must not permit a regular other outside provider who has close contact with a resident, and who has an exemption, to be in a facility, if the regular other outside provider who has close contact with a resident is not in compliance with section 4.
6. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

## **H. REGULAR OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. A regular other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination or an exemption, and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. A regular other outside provider who does not have close contact with a resident, 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 facility.
3. An operator must not permit a regular other outside provider who does not have close contact with a resident, who does not provide proof of vaccination or an exemption, and who is not in compliance with section 1 to be in a facility.
4. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

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

5. A regular other outside provider who does not have close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
6. An operator must request proof of vaccination or an exemption from a regular other outside provider who does not have close contact with a resident, and who seeks access to a facility.
7. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
8. A regular other outside provider who does not have close contact with a resident, and who has an exemption, must comply with the conditions of the exemption when in a facility.
9. An operator must not permit a regular other outside provider who does not have close contact with a resident, and who has an exemption, to be in a facility, if the regular other outside provider who does not have close contact with a resident is not in compliance with section 9.
10. An operator must make and retain a record of proof of vaccination, or an exemption provided by a regular other outside provider who does not have close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

## **I. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO HAVE CLOSE CONTACT WITH A RESIDENT**

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

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

4. An occasional other outside provider who has close contact with a resident, and who does not provide an operator with proof of vaccination or an exemption, must not be in a facility.
5. An operator must request proof of vaccination or an exemption from an occasional other outside provider who has close contact with a resident, and who seeks access to a facility.
6. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has not provided proof of vaccination or an exemption, to be in a facility.
7. An occasional other outside provider who has close contact with a resident, and who has an exemption, must comply with the conditions of the exemption when in a facility.
8. An operator must not permit an occasional other outside provider who has close contact with a resident, and who has an exemption, to be in a facility, if the occasional other outside provider who has close contact with a resident is not in compliance with section 8.
9. An operator must make and retain a record of proof of vaccination, or an exemption provided by an occasional other outside provider who has close contact with a resident, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**J. OCCASIONAL OTHER OUTSIDE PROVIDERS WHO DO NOT HAVE CLOSE CONTACT WITH A RESIDENT**

1. An occasional other outside provider who does not have close contact with a resident, who does not provide an operator with proof of vaccination or an exemption and who is in a facility must:
  - a. wear a face covering which covers their nose and mouth,
  - b. maintain a two metre distance from every other person in the facility.
2. An occasional other outside provider who does not have close contact with a resident, 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 facility.
3. An operator must not permit an occasional other outside provider who does not have close contact with a resident, 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 facility.
4. An occasional other outside provider who does not have close contact with a resident, and who has an exemption, must comply with the conditions of the exemption when in a facility.
5. An operator must not permit an occasional other outside provider who does not have close contact with a resident, and who has an exemption, to be in a facility, if the occasional other outside provider who does not have close contact with a resident is not in compliance with section 4.

**K. PROVIDERS WHO HAVE APPLIED FOR AN EXEMPTION**

1. Despite Parts E through I, an unvaccinated provider who has made a request for an exemption may be in a facility 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 complies with the preventive measures in Part B.
2. An operator must not permit an unvaccinated provider to whom section 1 applies to be in a facility, unless the provider is in compliance with section 1.
3. An operator must make and retain a record of proof of an exemption request provided by a provider, and must provide information from this record, or the record itself, to me or to the medical health officer, on request.

**L. 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 FACILITY 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 facility is located to receive, consider, and make a decision with

respect to a request for reconsideration related to a facility, or a request from an individual seeking a medical exemption related to working in or being in a facility.

**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 facilities, **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 facilities in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to a particular facility.
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 one or more facilities, or one or more classes of facilities, 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>).

Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the Act, I will not be accepting requests for a review of this Order.

A request under section 43 may be submitted to the Provincial Health Officer at [PHOExemptions@gov.bc.ca](mailto:PHOExemptions@gov.bc.ca) with the subject line "Request for Reconsideration about Preventive Measures in Facilities".

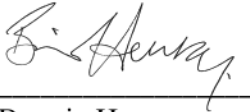
Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 21<sup>st</sup> 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****1 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;

**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.

**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.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **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*];

## Residential Care COVID-19 Preventive Measures PHO Order – October 21, 2021

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From: Emerson, Brian P HLTH:EX  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, Benusic, Michael [VIHA] <Michael.Benusic@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Trish Sterloff <Trish.Sterloff@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: October 21, 2021 12:29:33 PM PDT  
Attachments: Residential Care Preventive Measures Order Oct. 21 final.pdf  
Good afternoon.

Attached is the revised *Residential Care COVID-19 Preventive Measures Order*, which has been sent for posting to the PHO website.

The main revision to this order is that it clarifies that staff who were vaccinated with one dose longer ago (before September 22) must have a second dose prior to October 26. This is consistent with the rules for staff who were vaccinated more recently. While this was the expectation, it was not clear in the order, so this has been made explicit.

In addition US military identification was added to the list of acceptable photo identification for the proof of vaccination requirement.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

## **RE: Residential Care COVID-19 Preventive Measures PHO Order – October 21, 2021**

From: Emerson, Brian P HLTH:EX  
To: Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Fisher, Kiersten D <Kiersten.Fisher@gov.bc.ca>, Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>, Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>, Natasha Prodan-Bhalla <Natasha.Prodan-Bhalla@gov.bc.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Monika Naus (monika.naus@bccdc.ca) <monika.naus@bccdc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, Nel Wieman <Nel.Wieman@fnha.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, Benusic, Michael [VIHA] <Michael.Benusic@viha.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Matt Prescott <MattP@heabc.bc.ca>, Dave Hanacek <DaveH@heabc.bc.ca>, Michael McMillan <Michael.McMillan@heabc.bc.ca>, Paul Todd <Paul.Todd@heabc.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Therrien, Darlene <Darlene.Therrien@gov.bc.ca>, Anderson, Kristy <Kristy.Anderson@gov.bc.ca>, Trish Sterloff <Trish.Sterloff@gov.bc.ca>, Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Fraser, Christine HLTH:EX <Christine.A.Fraser@gov.bc.ca>, Narv Gill <Narv.Gill@heabc.bc.ca>, Reka Gustafson <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: October 21, 2021 2:39:15 PM PDT  
Attachments: Hospital and Community Preventive Measures Order Oct. 21 final.pdf  
Good afternoon.

Attached is the revised *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order*, which has been sent for posting to the PHO website.

The main revision to this order is similar to the change sent earlier today in the *Residential Care* order, in that it clarifies that staff who were vaccinated with one dose longer ago (before October 12) must have a second dose prior to November 15. This makes the order consistent with the rules for staff who were vaccinated more recently. While this was the expectation, it was not clear in the order, so this has been made explicit. In summary the rules are:

- If they received one dose before October 12, they have to get the second dose by November 15
- If they received one dose between October 12 and October 25, they have to get the second dose 28-35 days later
- If they are off work after October 26 because they did not have any doses, if they get one dose before November 15 they can return to work seven days post first dose, but must get the second dose 28-35 days later.

In addition US military identification was added to the list of acceptable photo identification for the proof of vaccination requirement.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)



## **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**

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Ministry of Health

Office of the  
Provincial Health Officer

s.15; s.19

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**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,
- o. a vehicle,
- p. a private residence,
- q. a school,
- r. a post-secondary institution.
- s. a supervised consumption site,
- t. an overdose prevention site,
- u. 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](mailto: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  
s.15; s.19  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 21<sup>st</sup> 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*];