



ORDER OF THE PROVINCIAL HEALTH OFFICER

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

FOOD AND LIQUOR SERVING PREMISES - OCTOBER 25, 2021

The *Public Health Act* is at:

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

(excerpts enclosed)

TO: OWNERS AND OPERATORS OF RESTAURANTS WITH TABLE SERVICE, CAFES, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

TO: PATRONS OF RESTAURANTS WITH TABLE SERVICE, CAFES, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

TO: MEDICAL HEALTH OFFICERS

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 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. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be made available in British Columbia;
- D. While substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, a significant portion of the public is unvaccinated, which has resulted in high levels of cases, hospitalizations, and intensive care admissions, primarily in unvaccinated people, although it is also causing illness in vaccinated people. This situation has been exacerbated by the presence of the highly transmissible Delta variant of SARS-CoV-2 in British Columbia.

- 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. People who are vaccinated can be infected with SARS-CoV-2 and can transmit SARS-CoV-2, although this is much less likely than in the case of unvaccinated people.
- G. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill; in particular, social mingling coupled with the consumption of alcohol, which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- H. Vaccination is safe, very effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19;
- I. Various options for establishing vaccine status, including in paper and online format, are readily available to the public;
- J. Programs that require that proof of vaccination be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19.
- 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 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;
- 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. 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;
- O. 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;
- P. I recognize the effect which the measures I am putting in place to protect the health of the public have on persons 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, 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 the public health

created by unvaccinated persons;

- Q. 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;
- R. 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 members of the public from the risk created by being in contact with unvaccinated persons in food and liquor serving premises;
- S. After weighing the health interests of patrons and staff in food and liquor serving premises, against the interests of persons who are not vaccinated for reasons other than medical deferral, and taking into account the importance of protecting the health of patrons and staff, 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.
- T. For certainty, this Order is not directed at food or liquor serving premises which are located in airports or at BC Ferries terminals or on BC ferries, designated onsite liquor retail and dedicated sampling room areas without seating attached to a liquor manufacturing facility, a person providing or collecting take-out food, a person who delivers to or receives food in a place other than a restaurant, non-licensed premises with only counter food service where the food is either ordered and collected from a counter, or is ordered at a counter and delivered to the customer at a table or other place, non-licensed self-serve food areas, food courts, food trucks, drive-through, take out or quick service food services, hospitals, licensed care facilities, assisted living residences, independent living facilities, correctional facilities, industrial camps, public or independent schools, post-secondary institutions, workplace cafeterias, cafeterias for resident students attending educational institutions, or other cafeterias that serve food or liquor to residents, rather than to the general public.
- U. I have reason to believe and do believe that
- a. the presence of unvaccinated persons in food serving premises with table service, including buffets where table service is provided, cafes, food primary and liquor primary establishments, including pubs, bars, lounges and nightclubs, manufacturing facilities that

have tasting rooms with seating and private clubs constitutes a health hazard under the *Public Health Act*. This is because the continued presence of large numbers of unvaccinated people in the population, particularly in some age groups and some communities where vaccination rates continue to be low, poses a risk to the health of the population. Unvaccinated people can be a source of transmission to other unvaccinated people, and also to vaccinated people who are not completely immune consequent to their vaccination, either because of a reduced immune response or because of only having had one dose of vaccine. These infections can result in serious illness, hospitalization, intensive care unit admission for care and death.

- b. it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 54, 56, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

THIS ORDER REPEALS AND REPLACES MY ORDER MADE ON September 10, 2021

Definitions in this Order:

“**food service establishment**” has the same meaning as in the Food Premises Regulation;

“**operator**” means a person who operates a premises;

“**patron**” means a person who is present as a customer on premises, but does not include an owner, operator or member of staff;

“**premises**” includes both the inside and outside area of a place being operated as a

- a. a food service establishment with table service, including a buffet with table service, or a cafe,
- b. a food primary or liquor primary establishment, including a pub, bar, lounge, nightclub, liquor manufacturing facility that has a tasting room with seating, or a private club.

A. OWNERS AND OPERATORS OF RESTAURANTS WITH TABLE SERVICE, CAFES, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

1. An operator must not provide food or drink services on premises, except in compliance with the provisions of this Order.
2. The operator must take steps to prevent the congregation of patrons outside the premises, such as by taking reservations and requesting patrons to remain in their cars or elsewhere until notified by telephone or an App that there is seating available for them on the premises.
3. The operator must assess the premises for places where patrons may congregate, and put in place measures to avoid congregation.
4. If patrons consume food or drink on the premises, there must be sufficient seating for them, whether at a table, booth or counter.

5. In liquor licensed premises, other than a private club, or tasting room with a liquor manufacturer licence with seating, patrons must be assigned a table, booth or counter, and shown to their seats.
6. If there is a self-serve food or drink station on the premises,
 - a. hand washing facilities or alcohol-based sanitizers within easy reach of the station;
 - b. signs reminding patrons to wash or sanitize their hands before touching self-serve food, drink or other items; and
 - c. high touch surfaces at the station, and utensils that are used for self-serve, be frequently cleaned and sanitized.
7. Subject to further direction from me posted on my website, dance floors must be closed with physical barriers or occupied with tables, unless they are being used for a dance performance.
8. Subject to further direction from me posted on my website, a patron must not dance on the premises.

B. PROOF OF VACCINATION

1. This Part does not apply to a food service establishment with a liquor licence which does not have table service, and which only sells liquor for takeaway.
2. This Part does not apply to a patron who is under 12 years of age.
3. In this Part

“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) another form of identification, issued by a government of any jurisdiction, including a photograph of the holder;
- g) United States military identification card;

“vaccine” means a World Health Organization approved vaccine against the infectious agent 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).
4. Subject to a direction by me, on the recommendation of the medical health officer, that this Part of the Order does not apply to a premises in the geographic area of the Province for which the medical health officer is designated, the following requirements apply:
 - a. An operator must obtain proof in the form of a vaccine card that a patron has received two doses of vaccine in order to be served in a premises.
 - b. A patron must provide an operator with proof in the form of a vaccine card of having received two doses of vaccine in order to be served in a premises.
 - c. An operator must not permit a patron, who has not provided the operator with proof in the form of a vaccine card of having received two doses of vaccine, to remain on the premises.
 - d. A patron who has not provided an operator with proof in the form of a vaccine card of having received two doses of vaccine must not remain on the premises.
 5. An operator must not scan the QR code on a vaccine card with a tool other than a BC Vaccine Card Verifier App.
 6. Subject to section 7, an operator must not retain proof of vaccination or identification provided by a patron, or use it for any purpose other than to confirm that a patron has been vaccinated, as required by this Order.
 7. Despite section 6, with the written consent of a patron, an operator may keep a record of the fact that the patron has provided proof of being vaccinated in compliance with this Part until this Order expires or is repealed, and the operator may rely upon this record to satisfy the

requirements in this Part with respect to the presence of the patron at the premises in the future.

C. PATRONS OF RESTAURANTS WITH TABLE SERVICE, CAFES, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

1. A patron must not enter premises, or must leave premises, if so directed by the operator or a member of staff.
2. A patron must comply with the requirements or prohibitions in Parts A and B, and with measures, guidance or direction from an owner, operator, or member of staff, intended to avoid the congregation of patrons

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 RELATING TO PREMISES 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 premises are located to receive, consider, and make a decision with respect to a request for reconsideration related to the premises, and to the medical health officer for the geographic region in which a person resides, to receive, consider and make a decision with respect to a request from the person seeking a medical exemption.

E. 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 or nurse practitioner under section 56 (2) with respect to a person residing 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.

F. RELATED MEDICAL HEALTH OFFICERS 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 and to determine whether additional or more restrictive steps need to be taken to reduce the risk of the transmission of COVID-19,
I FURTHER ORDER:

1. A medical health officer may issue a direction provided for in Part B, or an order further to this Order, for the purpose of having the provisions of the direction or the order incorporated into this Order. A direction or order may add further prohibitions, or impose more restrictive limitations or conditions, in the whole or part of the geographic area of the Province for which the medical

health officer is designated and, subject to section 2, the provisions of the direction or order are incorporated into this Order when posted on my website. For certainty, a contravention of a direction or order of a medical health officer issued further to this Order, and posted on my website, is a contravention of this Order.

2. While it is in force, a provision in a direction or order made by a medical health officer further to this Order and posted on my website, which adds further prohibitions or imposes more restrictive limitations or requirements than this Order, applies in the whole or part of the geographic area of the Province for which the medical health officer is designated, despite the provisions of this Order.

This Order expires at 12:01 A.M. on January 31, 2022.

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*.

Pursuant to section 43 of the *Public Health Act*, you may request a medical health officer [*see below*] 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 from a person seeking an exemption from the requirement to be vaccinated or to provide proof of vaccination will only be considered if you are making a request on the basis of a medical deferral to a vaccination. The request 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>).

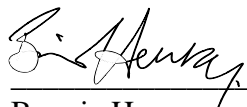
Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the Act, I will not be accepting requests for a review of this Order.

A request under section 43 may be submitted to the Provincial Health Officer at PHOExemptions@gov.bc.ca with the subject line “Request for Reconsideration about Proof of Vaccination”.

You may contact me at:

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

DATED THIS: 25th day of October 2021

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

Delivery By: Posting on 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.

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.

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*];