

**PUBLIC HEALTH INCIDENT AND COMMUNICATION RESPONSE PROTOCOL:
NOTIFICATION OF POTENTIAL COMMUNICABLE DISEASE INCIDENTS
AT, OR RELATED TO, COURTHOUSES**

June 30, 2022

I. BACKGROUND

Courthouses¹ occupy a unique and essential role in communities. They are a place where people come to access justice relating to a myriad of public and private legal matters that often engage public safety and individual liberty rights. People rely on the right to access courts to resolve their legal disputes in a fair and just hearing, where the rule of law applies. Many people who attend at courthouses, do not choose to be there, rather they are compelled by subpoena or other process to attend. People must have confidence that the courts are safe and accessible.

Due to the unique nature of courts and in recognition of the constitutional role of the judiciary as the third branch of government (the other branches being the executive and legislative branches), as well as the requirement that the courts remain accessible, the following communication and Incident protocol has been established.

II. PURPOSE

The purpose of this protocol is to facilitate communication between public health, the judiciary and the Ministry of Attorney General in situations where there is a communicable disease incident that impacts or is likely to impact courts or for which further public health action involving the courts is required, and to outline the communication by public health with Court Participants.

A key component of this Protocol is that each Regional Health Authority will be responsible for courthouse communicable disease Incident Investigation, any subsequent Incident Response, timely communication with Court Contacts, and where appropriate, timely communication to other Court Participants such as the public, recognizing that the Health Authorities alone have the information about communicable disease Incidents.

Public Health is required by ethics and law to limit its disclosure of personal health information pertaining to communicable diseases and communicable disease exposures to the minimum

¹ “Courthouses” is used in this Protocol to refer to all court locations, including circuit court locations.

necessary to investigate and manage exposures/transmission of reportable communicable diseases. A core tenet of communicable disease case investigation and management is ensuring maximal protection of privacy so that Public Health can accurately and effectively gather information from cases and contacts and protect the safety of those involved. Disclosure of private information or identifying information discourages accurate and factual disclosure of information to Public Health.

III. REVISIONS TO THIS PROTOCOL

The original version of this Protocol was effective January 2021 and was created in response to the COVID-19 pandemic. In July 2021 the Protocol was updated in response to changes related to the pandemic. Between March to June 2022 this Protocol was updated due to the emergence of the Omicron variant of COVID-19 which changed the Public Health approach to how to prevent and manage COVID-19, with important implications for the role of testing and case and contact management.

Prior to the emergence of the Omicron variant the incubation period for COVID-19 (time from exposure to developing symptoms) was a median 5 to 7 days, with a range 2-14 days. Asymptomatic transmission, which is transmission before symptoms emerged, was not common. This allowed time for Public Health to identify a case through testing and their contacts and recommend that cases and contacts isolate to help reduce onward transmission.

However, with the arrival of the Omicron variant the incubation period has shortened to a median of 3 days, with a range 0-8 days. In addition, asymptomatic transmission is much more common. This change in the pattern of disease transmission, plus the highly transmissible nature of Omicron, means that transmission prevention using testing for case identification and case and contact isolation is no longer effective in the face of widespread community transmission in a highly vaccinated population. The best tools for management of the Omicron variant are vaccination, masks, physical distancing and barriers if appropriate, hand washing, and not attending the courthouse when sick.

In addition, as Court Participants may be a source of, or exposed to other communicable diseases such as tuberculosis, measles, or meningitis the scope of this document has been expanded to include other communicable diseases in addition to COVID-19.

IV. COURTHOUSE AND REGIONAL HEALTH AUTHORITY CONTACTS²

The Court of Appeal, Supreme Court, Provincial Court, and Court Services Branch list of contacts and their email addresses are in *Appendix A* (“Court Contacts”). By way of summary the Court Contacts for each level of Court and Court Services Branch are:

- Provincial Court – (a) Executive Director of Organizational Services and (b) Regional Administrative Judges email (Table 1)
- Supreme Court – (a) Executive Director and Senior Counsel, (b) Chief Justice of the Supreme Court and (c) Associate Chief Justice of the Supreme Court (Table 2)
- Court of Appeal – (a) Executive Director and Senior Counsel and (b) Chief Justice of British Columbia (Table 3)
- Court Services Branch – (a) Assistant Deputy Minister, (b) Chief Sheriff and Executive Director BC Sheriff Service and (c) Regional Distribution List (Table 4)

For any reference in this document to “Court Contacts”:

- Court Services Branch will always be contacted as their staff are in every courthouse.
- *Appendix B* identifies the locations of the Court of Appeal, Supreme Court, Provincial Court and locations shared by more than one Court. *Appendix B* will be used to find the court location and contact the relevant court(s) Court Contacts.

For any reference in this document to “Lead Court Contact” only the person identified in *Appendix A* as the Lead Court Contact need be contacted.

Contact information for the Provincial Health Officer and the Regional Public Health Contacts are in an *Appendix C* (“Public Health Contacts”). In the event of an Incident, the Regional Public Health Contact will determine who will be the “Lead Public Health Contact” to facilitate communication between the court and the Regional Health Authority.

V. COMMUNICABLE DISEASE COURTHOUSE GUIDANCE DOCUMENT

A Public Health Guidance document for the prevention of and response to COVID-19 in courthouses is posted in the Guidance section of the PHO webpage on COVID-19 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>.

² Appendices A and C are not included in this public version of the protocol as they only contain contact information.

VI. COMMUNICABLE DISEASE INCIDENTS IN COURTHOUSES

Definitions:

“Communicable Disease Incidents”³ are communicable disease exposures, cases, clusters or outbreaks involving Court Participants and other persons typically present in the courthouse that impacts or is likely to impact court proceedings/operations or Court Participants in courts, AND for which Public Health action impacting the court proceedings/operations or public notification is required. Public Health action includes but is not limited to Incident Investigation and/or Incident Response.

“Court Participants” are persons that are typically present in courthouses that may be involved in an Incident and include but are not limited to sheriffs, court administrative staff, judicial officers, judicial staff, jurors, potential jurors, parties, lawyers, witnesses, accused, interpreters, cleaners, members of public involved in court proceedings or attending at a courthouse.

“Incident Investigation” may involve case identification, contact tracing, notification, inspections, targeted and mass testing, prophylaxis medications and in some situations the self-isolation of potentially exposed persons over the course of the Incident Investigation.

“Incident Response” includes a Public Health initiated action that impacts or is likely to impact court proceedings, Court Participants and/or courthouses. This may also include an Incident Investigation, isolation of multiple court participants, and/or recommended changes to courthouse health and safety protocols, as determined by a public health specialist or a medical health officer. A public health specialist or a medical health officer may also recommend to a Court, for the Court’s consideration, that there be a delay in court proceedings or closure of a courthouse.

“Public Health” means the public health services organizations of each regional health authority.

VII. COMMUNICABLE DISEASE TESTING FOR COURT PARTICIPANTS

Rare situations may arise where testing one or more Court Participants in relation to a communicable disease would be recommended by Public Health.

³ For defined terms in some instances “Communicable Disease” will not be used to avoid repetition; however, the term “Incidents” itself will be capitalized.

In the event that Public Health Contact recommends testing of a Court Participant this will be done in a manner that protects the privacy of the Court Participant. If Public Health needs assistance they will contact the appropriate Court Contacts to discuss the specific circumstance requiring facilitated communicable disease testing, and plan for testing accordingly, if warranted.

VIII. INCIDENT INVESTIGATION BY A REGIONAL HEALTH AUTHORITY WITHIN ANY COURTHOUSE

Each Regional Health Authority will be responsible for courthouse Incident Investigation, any subsequent Incident Response, timely communication with Court Contacts where appropriate and permissible in line with privacy legislation and the *Public Health Act*, and where appropriate communication to the public.

It is important that each Regional Health Authority use this communication protocol so that there is a consistent approach to communications provincially. Where Public Health investigations and actions involve multiple types of Court Participants, or involves public visibility of investigation or action, Court Contacts will be kept apprised of the Incident under investigation to minimize confusion, to the extent permitted by the appropriate legislation.

1. Incident Identification

In the event of a Communicable Disease Incident in a courthouse, the Lead Public Health Contact will contact the Court Contacts (see *Appendix A*) the day of the Incident. The Court Contacts will identify designates, to ensure that a clear line of communication is established between Public Health and the Courts (including the local court location).

2. Notice for Incident Investigation

Upon initiating an Incident Investigation at a courthouse, the Lead Public Health Contact will immediately notify the appropriate Court Contacts, the Chief Medical Health Officer for the region, and the Provincial Health Officer of the Incident Investigation.

3. Notice Contents

The Notice will provide the following information:

- Identify the specific groups being targeted for Incident Investigation unless to do so would be a breach of privacy;
- Type of Incident Investigation;
- If an Incident Investigation is going to involve public health action at a courthouse, the location of the courthouse and the location within the courthouse where the action is proposed to take place;
- Date and timing of proposed specific action.

- If the Investigation involves Public Health action at a courthouse the Advance Notice will also include:
 - Instructions for the specific group who are involved including the location and timeframe;
 - What measures, if any, they are required to undertake (i.e. self isolation) pending outcome;
 - The type of information they will receive from Public Health;
 - Expected timeline for that reporting; and,
 - Instructions for those who cannot attend the courthouse who are required to be part of the action.

4. Communication to Court Participants

Notice of the proposed Incident Investigation will be communicated by the Lead Public Health Contact to those Court Participants that Public Health considers relevant to the Investigation.

The Lead Court Contact will discuss with the Lead Public Health Contact where information may be shared in line with the legal and ethical duties of public health to maintain privacy.

If public notification of the Incident Investigation is determined by Public Health to be necessary, that will be arranged by the Lead Public Health Contact in collaboration with the Lead Court Contact.

The Lead Public Health Contact may request information through the Lead Court Contact to determine who to communicate with in courthouse management to assist Public Health in its notification process.

If public notification is determined to be necessary, the Courts and the Ministry of the Attorney General may also publicly post, link to and/or communicate the Notice in any fashion they deem is necessary to maintain public confidence in the administration of justice.

5. Court Concern about Potential Health Incident

The Lead Court Contact may contact a Lead Public Health Contact if an incident occurs that causes the court concern about a potential communicable disease exposure, case, cluster, outbreak or incident involving Court Participants in order to obtain advice and assistance and/or an incident investigation.

IX. COMMUNICATION OF OUTCOME OF AN INCIDENT INVESTIGATION AND RESPONSE BY A REGIONAL HEALTH AUTHORITY WITHIN ANY COURTHOUSE

The Lead Public Health Contact will endeavour to provide the Court Contacts, Public Service Agency Medical Director and Provincial Health Officer a letter by email no later than 72 hours

after the investigation setting out the following information, if possible, in compliance with privacy obligations:

- Brief summary of the outcome of the Investigation, ongoing risk (if any) at a level of detail relevant to the Incident and protecting privacy;
- Recommendations (if any) and required response (if any) with respect to additional courthouse health and safety measures;
- Additional key messages, if any, that the Lead Public Health Contact recommends be communicated to judicial officers, judiciary staff and/or Court Services' staff;

If it is not possible to provide the letter within 72 hours, the Lead Public Health Contact will inform the Lead Court Contact of this as soon as possible and provide a timeline for when the information will be provided.

The content, format, and target audience of the Summary will be determined by the Lead Public Health Contact.

If public notification of the Incident Investigation was part of the response, the Lead Public Health Contact and Lead Court Contact will work together to determine if a publicly available summary should be developed, and if so, the Courts and the Ministry of the Attorney General, may also publicly post, link to and/or communicate the summary in any fashion they deem is necessary to maintain public confidence in the administration of justice.

Appendix D is a flowchart providing a high-level summary of public health actions and anticipated communications by the Regional Health Authority in the event of an Incident in a courthouse.

X. INFORMATION REGARDING REMOTE COMMUNITIES & CIRCUIT COURTS

The Courts may communicate with the Regional Public Health Contacts to seek information to help inform the Court's decision on whether the Court should attend a Circuit Court which is within the Health Authority if there is a possible outbreak or other communicable disease concern. The Court may also contact the First Nations Health Authority if applicable.

XI. AMENDMENT OF PROTOCOL

This Protocol is subject to amendment with the agreement in writing of all parties to this Protocol at any time.

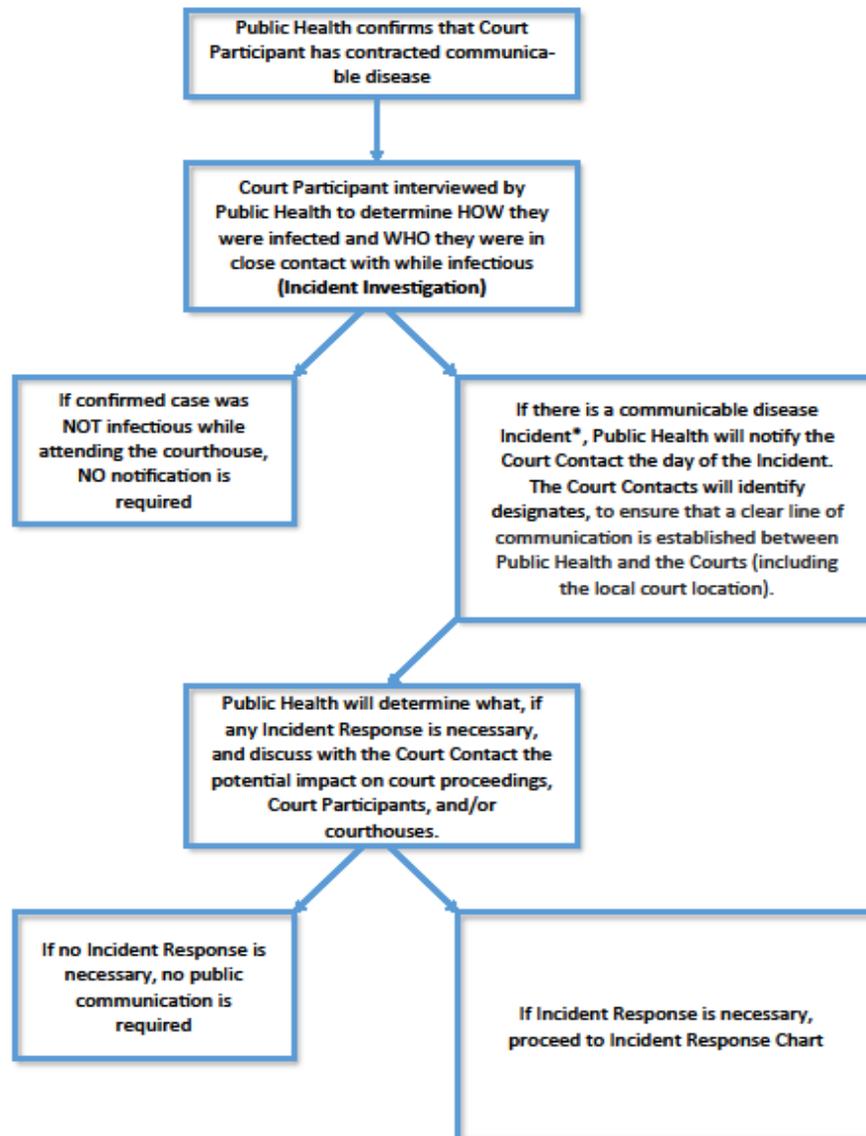
APPENDIX B - COURTHOUSE LIST

Region	Court of Appeal	Supreme Court Only	Integrated Court Location (Supreme Court and Provincial Court)	Provincial Court Only
Vancouver Island Region	Victoria		Campbell River	Ganges
			Courtenay	Gold River
			Duncan	Port Hardy
			Nanaimo	Sidney
			Port Alberni	Tofino
			Powell River	Ucluelet
			Victoria	Western Communities
Vancouver Coastal Region	Vancouver Law Courts	Vancouver Law Courts		Downtown Community Court
				Justice Centre
				North Vancouver
				Pemberton
				Robson Square
				Sechelt
				Vancouver
				Bella Bella
				Bella Coola
				Klemtu
Violation Ticket Centre - VTC				
Fraser Region			Chilliwack	Abbotsford
			New Westminster	Port Coquitlam
			Abbotsford	Richmond
				Surrey
Interior Region	Kamloops		Cranbrook	Clearwater
	Kelowna		Golden	Nakusp
			Kamloops	Creston
			Kelowna	Fernie
			Nelson	Invermere
			Penticton	Sparwood
			Revelstoke	Lillooet
			Rossland	Merritt
			Salmon Arm	Castlegar
			Vernon	Princeton
				Grand Forks
				Ashcroft
Chase				
Northern Region	Yukon		Dawson Creek	Burns Lake
			Fort St John	Valemount
			Prince George	Mackenzie
			Prince Rupert	Chetwynd
			Quesnel	Tumbler Ridge
			Smithers	Atlin
			Terrace	Good Hope Lake (Cassiar)
Williams Lake	Hudson's Hope			

				Lower Post
				Queen Charlotte City
				Fort St James
				Fraser Lake
				Kwadacha (Fort Ware)
				Tsay Keh Dene
				Vanderhoof
				Hazelton
				Houston
				Dease Lake
				Kitimat Law Courts
				New Aiyansh
				Stewart
				McBride
				100 Mile House
				Masset
				Anahim Lake

APPENDIX D – Protocol Flow Charts

IS THERE A POTENTIAL COMMUNICABLE DISEASE EXPOSURE?



***Incidents** include but are not limited to communicable exposures, cases, clusters or outbreaks involving Court Participants and other persons typically present in the courthouse that impacts or is likely to impact court proceedings/operations or Court Participants in courts, or for which public health action impacting the court proceedings/operations or public notification is required. Public Health action includes but is not limited to Incident Investigation and/or Incident Response.

COMMUNICABLE DISEASE INCIDENT RESPONSE CHART

