



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (6), 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 – APRIL 6, 2023

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, MANAGEMENT OF PROVINCIAL MENTAL HEALTH FACILITIES, COMMUNITY LIVING BRITISH COLUMBIA 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, A PROVINCIAL MENTAL HEALTH FACILITY, OR COMMUNITY LIVING BRITISH COLUMBIA**
- TO: A PERSON CONTRACTED OR FUNDED TO PROVIDE, OR TO PROVIDE STAFF TO PROVIDE, CARE OR SERVICES IN A HOSPITAL OR THE COMMUNITY BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, COMMUNITY LIVING BRITISH COLUMBIA, MINISTRY OF HEALTH OR MINISTRY OF MENTAL HEALTH AND ADDICTIONS**
- TO: A PERSON EMPLOYED, CONTRACTED OR FUNDED, TO PROVIDE, OR TO PROVIDE STAFF TO PROVIDE, CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY BY A PERSON CONTRACTED OR FUNDED TO PROVIDE STAFF TO PROVIDE CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, COMMUNITY LIVING BRITISH**

COLUMBIA, MINISTRY OF HEALTH OR MINISTRY OF MENTAL HEALTH AND ADDICTIONS

TO: AN INDIVIDUAL CONTRACTED OR FUNDED TO PROVIDE CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY BY A PERSON CONTRACTED OR FUNDED TO PROVIDE STAFF TO PROVIDE CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY BY A PERSON CONTRACTED OR FUNDED TO PROVIDE STAFF TO PROVIDE CARE OR SERVICES IN A HOSPITAL OR IN THE COMMUNITY BY A REGIONAL HEALTH BOARD, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, COMMUNITY LIVING BRITISH COLUMBIA, MINISTRY OF HEALTH OR MINISTRY OF MENTAL HEALTH AND ADDICTIONS

TO: HEALTH PROFESSIONALS

TO: POST-SECONDARY INSTITUTIONS

TO: STAFF, FACULTY AND RESEARCHERS OF POST-SECONDARY INSTITUTIONS

TO: STUDENTS OF POST-SECONDARY INSTITUTIONS

TO: RESIDENTS, TRAINEES AND FELLOWS

WHEREAS:

Epidemiology of COVID-19

- 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* and I continue to believe that the criteria described in section 52 (2) of the *Public Health Act* continue to be met for the following reasons:
- (a) In view of the history of mutation of SARS-CoV-2, and the uncertainty which exists about its future behaviour, there continues to be a reasonable risk that it could have a serious impact on public health;
 - (b) There is a continued reasonable risk of an unexpected occurrence of a new variant of SARS-CoV-2 which could cause serious disease among the population;
 - (c) The infectious agent, SARS-CoV-2, continues to spread in British Columbia, Canada and around the world;
- B. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;

- C. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness, hospitalization, ICU admission, and death from COVID-19, even if they are vaccinated;
- D. Adults and children who are particularly vulnerable to infection with SARS-CoV-2 depend upon the people with whom they come into contact to protect them from the risk of infection;
- E. Unvaccinated people in close contact with other people promotes the transmission of SARS-CoV-2 to a greater extent than vaccinated people in the same situations, which in turn increases the number of people who develop COVID-19 and become seriously ill;
- F. The ongoing incidence of COVID-19 and serious health consequences that result has been exacerbated over time, first by the arrival of the highly transmissible Delta variant of SARS-CoV-2, which caused significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people than earlier variants, and by the arrival of the even more transmissible Omicron variants, the first of which caused a surge in infections, hospitalizations and deaths, and is the dominant variant of SARS-CoV-2 circulating in the province;
- G. The continuing emergence of variants, which have led to significant surges in infection and hospitalizations in British Columbia and in other jurisdictions worldwide, underlines the importance of vaccination in protecting the population and in removing the conditions which foster the development of variants which pose ever greater threats to public health;
- H. The emergence of the Omicron variants has introduced further uncertainty into the course of the pandemic. The suddenness of the arrival of the first Omicron variant and its swift and significant impact on the level of infection, hospitalization and ICU admission rates in British Columbia, and the greater level of transmissibility of subsequent Omicron variants, reflect the unpredictability of SARS-CoV-2, and this uncertainty has led me to conclude that I must exercise caution when determining what measures continue to be necessary to mitigate the extent of the virus's transmission, and to reduce the severity of disease which it causes;
- I. Chief among these measures is vaccination, and I am of the opinion that any slippage in the level of vaccination in the health-care workforce could result in significant illness on the part of the health-care workforce which would undermine the capacity of the health-care system to respond to a significant resurgence of disease;
- J. There is reasonable probability of the emergence of virulent variants that could result in a significant resurgence of disease in the province;
- K. On January 30, 2023, the World Health Organization issued a statement that the WHO Director-General concurs with the advice offered in the Report of the fourteenth meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the coronavirus 2019 disease (COVID-19) pandemic and determines that the event continues to constitute a public health emergency of international concern;
- L. In its report the Emergency Committee stated that it agreed that COVID-19 remains a dangerous infectious disease with the capacity to cause substantial damage to health and health systems;

Vaccination Importance and Effectiveness

- M. Vaccination is safe, highly 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. In particular:
- (a) the vaccines available in British Columbia, in company with other protective and preventive measures protect against the long-term effects of COVID-19, provide protection against infection, and are highly effective in protecting against severe illness, hospitalization, intensive care unit (ICU) admission and death across all eligible age groups, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people;
 - (b) most British Columbians have received their primary course of vaccine and booster doses are being implemented in order to reinforce the protection offered by vaccination;
 - (c) to date, six vaccines have been approved for use by Health Canada, five of which are available in the province, including a single dose vaccine (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccines-for-covid-19>) and this offers an array of choice to people who may have a concern about a particular vaccine;
- N. Vaccines, including doses further to the primary series, have been and continue to be readily available in British Columbia, however, some members of the public remain unvaccinated, and many have not taken advantage of the offer of recommended further doses;
- O. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and ICU admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding less serious illness and lower per capita hospitalization, ICU admission and death rates;
- P. Unvaccinated people have been at greater risk than vaccinated people of being infected with some variants of SARS-CoV-2, and those who have been infected have experienced significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people;
- Q. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations;
- R. People who are unvaccinated are a greater risk to other people than vaccinated people. The reasons for this are that unvaccinated people are more prone to carry SARS-CoV-2 compared with vaccinated people, can be infectious for a longer period of time, clear the infection more slowly, and are more likely to have symptoms which spread the virus than a vaccinated person. The result is that an unvaccinated person is more likely to become infected than a vaccinated person and is more likely to transmit SARS-CoV-2 than a vaccinated person;
- S. Vaccinated people who are infected with SARS-CoV-2 have been shown to have high levels of protection against severe illness, have a reduced risk of the long-term effects of COVID-19, experience shorter infectious and symptomatic periods and recover from COVID-19 faster than similarly situated unvaccinated people, which, in turn, reduces the risk of transmission to their close contacts and co-workers and minimizes the disruption caused by absenteeism, all of which supports the continued provision of essential services in particular, and the orderly functioning of society as a whole;

- T. Staff in the health-care system are regularly encouraged to receive recommended further doses of vaccine;
- U. In order for a person to receive the maximum protection afforded by a booster dose, the person must have received a primary course of vaccination, and sufficient time must have elapsed to permit the person's immune system to respond;
- V. Options for establishing vaccine status, including in paper and online format, are readily available;

Post-Infection Immunity and Testing

- W. I have considered and continue to consider, based on the currently available generally accepted scientific evidence, whether other measures such as post-infection immunity, polymerase chain reaction (PCR) testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission of SARS-Co-2, or the severity of illness, if a person is infected;
- X. While people who have contracted SARS-CoV-2 may develop some post-infection immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including age, co-occurring medical conditions, medications being taken, which variant they were infected with, severity of infection, and time since infection;
- Y. The risk of reinfection and hospitalization is significantly higher in people who remain unvaccinated after contracting SARS-CoV-2 than in those who are vaccinated post-infection. Vaccination, even after infection, remains an important measure in protecting against reinfection by providing a more consistent and reliable immune response than immunity arising from infection alone;
- Z. Further, there is no reliable means of assessing the level of immunity which a person may have to re-infection or serious illness in consequence of infection with SARS-CoV-2;
- AA. Routine COVID-19 testing of asymptomatic people is not recommended in British Columbia, and PCR testing capacity is reserved for people who may be ill with COVID-19 to enable initiation of treatment. Asymptomatic testing can result in false negative testing, leading to a false sense of security that someone is not infected when in fact they are, and increases the likelihood of generating false positive tests, which can be misleading and lead to imposition of unnecessary requirements on people who are not infected;
- BB. Rapid antigen testing is not a substitute for vaccination and is most useful when used for symptomatic people in specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, and then followed up with confirmatory PCR testing for positive tests, and when used in remote communities where obtaining results of PCR testing may be delayed;
- CC. Although the wearing of personal protective equipment provides a measure of protection, it does not provide the level of protection afforded by vaccination, particularly in an environment where there are people who are highly vulnerable to infection and serious illness;

- DD. 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;
- EE. There are difficulties and risks in accommodating a person who is unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-CoV-2, and the likelihood of severe illness and death;

Impacts on the Hospital and Community Care Systems

- FF. Ensuring safe hospital and community care is critical to the wellbeing of the public, as is protecting the ability of the hospital and community care sectors to function safely and efficiently, and the best means to achieve this is by having a highly vaccinated health-care workforce;
- GG. If it were not for the high level of vaccination in the province, British Columbia would be in a far more challenging situation than it is currently since the increasing levels of transmissibility of the most recent variants means that high vaccination rates are required to mitigate transmission, reduce case numbers, reduce serious outcomes, and reduce the burden on the health-care system, particularly hospital and intensive care admissions;
- HH. Both the public health and the health-care systems have been required to devote significant amounts of their resources to preventing and responding to COVID-19 due to the transmission of SARS-CoV-2 across the province, and to providing care for those who have become ill with COVID-19, who can be quite ill, require high levels of care and be hospitalized for long periods of time, which situation is exacerbated by the care needs of unvaccinated people. who are at greater risk of hospitalization and ICU admission;
- II. Both the public health and health-care systems have experienced severe stress and been stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population;
- JJ. Preserving the ability of the public health and health-care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical;
- KK. A high incidence of transmission and illness in one or more regions has already created, and could again create, spill-over effects on health-care delivery across the province, including in critical care and surgical services, resulting in a substantial backlog of surgeries and an increase in surgical wait times;
- LL. The inroads which have been made on the backlog of surgeries and surgical wait times more recently can only be sustained if the demands on the health-care system arising from COVID-19 related illness continue to decline. Similarly, the need to focus its efforts on responding to the pandemic has created a backlog of work for the public health system, including in the areas of childhood vaccination, overdose response measures and restaurant and other environmental health services related inspections, which the public health system will only be able to address if the incidence of COVID-19 continues to decline;
- MM. Significantly, at the end of 2021 and early in 2022, with the occurrence of the Omicron wave of infections, it was the high level of vaccination among the health-care workforce which

ensured that the health-care system had the necessary resiliency to respond to the upsurge in hospitalizations and ICU admissions by protecting the members of the workforce from serious and lengthy illness;

- NN. People receiving health care, personal care or home support in hospital or community settings are often of an advanced age or 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, and the evidence demonstrates that they are at risk of being infected by health-care workers;
- OO. This high level of vulnerability to infection with SARS-CoV-2, and risk of resulting serious illness, distinguishes the situation of people receiving health care, personal care or home support in hospital or community settings from the situation of young people in the general population, who are generally in robust good health. Accordingly, and by way of example, although the risk of transmission of infection and attendant illness created by the presence of unvaccinated post-secondary students in post-secondary environments does not require comprehensive vaccination as a measure of mitigation, the situation is completely different when it comes to the risk of transmission of infection and attendant illness created by unvaccinated people working in hospital and community care environments;
- PP. Further, since vaccinated health-care and service providers who are infected with SARS-CoV-2 have high levels of protection against severe illness, experience shorter infectious and symptomatic periods, and recover from COVID-19 faster than similarly situated unvaccinated people, this reduces the risk of transmission of infection to their co-workers and minimizes the disruption caused by absenteeism in the hospital and community care sectors;
- QQ. Vaccination is the single most important preventive measure people working in hospital or community settings can take to protect patients, residents, clients and the health-care workforce from infection, severe illness and possible death from COVID-19;
- RR. In order to avoid the risk of undermining the ability of the hospital and community care sectors to function safely and to properly care for patients, residents and clients, it is necessary to keep the number of unvaccinated people in the workforce as low as possible, including among the members of the workforce who may have little or no direct contact with patients, residents, clients or other workers on a regular basis;
- SS. Every year respiratory viruses take a significant toll on the health of the elderly and those with chronic health issues and compromised immune systems causing serious illness, which often requires hospitalization and very often results in death. I am particularly concerned that if the people who work in hospital and community care environments, and those with whom they do or may come into contact in the workforce, are not vaccinated, a combination of seasonal respiratory viruses and infection with SARS-CoV-2 could ravage these vulnerable populations by causing significant illness and cause significant absenteeism among the workforce, thereby putting increased stress on the hospital and community care sectors and the health-care system;
- TT. Consequently, despite the currently lower level of serious illness in the general population caused by the Omicron variants, and the removal of widespread measures to mitigate the risk of infection both in British Columbia and elsewhere, in my opinion, any step back from the comprehensive vaccination of people in the health-care workforce would undermine the level of

safety and workforce preparedness and resiliency which comprehensive vaccination of the workforce has brought to the hospital and community care environments;

UU. The public needs to have confidence in the safety and integrity of the hospital and community care systems, and the knowledge that the health-care workforce is vaccinated is critical to establishing and maintaining this confidence on the part of those served by these systems, the workforce and the public;

Balancing Competing Interests

VV. I recognize the effect which the measures I am putting in place to protect the health of patients, residents, clients and workers in hospital and community care settings may have on people who are unvaccinated and, with this in mind, continually engage in the reconsideration of these measures, based upon the information and evidence available to me, including case 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, reports from the rest of Canada and other jurisdictions, scientific journal articles reflecting divergent opinions, and opinions expressing contrary views to my own submitted in support of challenges to my orders, with a view to balancing the interests of the people working or providing services in the hospital and community care sectors, including constitutionally protected interests, against the risk of harm posed by unvaccinated people working or providing services in the hospital or community care sectors;

WW. I further recognize that constitutionally protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, and the right not to be deprived of life, liberty or security of the person, other than in accordance with the principles of fundamental justice. However, these rights and freedoms are not absolute and are subject to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society, which includes proportionate, precautionary and evidence-based measures to prevent loss of life, serious illness and disruption of our hospital and community care systems;

XX. 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, and to balance these rights and interests in a way that is consistent with the protection of public health. I have concluded that the measures which I am putting in place in this Order are proportionate, rational, and tailored to address the risk, and are consistent with principles of fundamental justice. The measures are neither arbitrary, overbroad, nor grossly disproportionate in light of the need to protect public health at this time. In my view, any limits on constitutionally protected rights and freedoms arising from this Order are proportionate and reasonable in the interests of protecting public health, and there are no other reasonable alternatives that would provide the same level of protection to patients, residents, clients and workers in hospital and community care settings and would promote the preparedness and resiliency of the healthcare system;

YY. In addition, I recognize privacy interests, informational privacy rights protected by the *Freedom of Information and Protection of Privacy Act* and the rights protected by the *Human Rights Code*,

and have taken these into consideration when exercising my powers to protect the health interests of patients, residents, clients and workers in hospital and community care settings and the preparedness and resiliency of the health-care system;

ZZ. 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 Vaccination Status Information and Preventive Measures Order* apply;

AAA. 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.

Therefore, I have reason to believe and do believe that

- (a) An unvaccinated workforce in hospital and community care settings poses a risk to patients, residents and clients, to other workers and to the functioning of the health-care system, and constitutes a health hazard under the *Public Health Act*;
- (b) The provision of care or services by an unvaccinated person in a hospital or community care setting puts patients, residents, clients and other workers at risk of infection with SARS-CoV-2, and constitutes a health hazard under the *Public Health Act*;
- (c) It is essential to maintain the high level of vaccination currently in place in the hospital and community care workforce since this is the best means available by which to mitigate the risk to the health of patients, residents, clients and workers and to ensure the preparedness and resiliency of the health care system, both at present and in the event of a resurgence of COVID-19 disease in the province;
- (d) Expanding the grounds upon which a person may request an exemption to the requirement to be vaccinated beyond those based upon a risk to the health of the person would undermine the high level of vaccination which is currently in place among the hospital and community care workforce, introduce an unacceptable level of risk to the health of patients, residents, clients and workers, weaken the preparedness and resiliency of the health-care system, and undermine the confidence of the health-care workforce in the safety of their working environment and the confidence of the public in the safety of the health-care system;
- (e) A lack of information on the part of employers and operators about the vaccination status of workers interferes with the suppression of SARS-CoV-2 in hospital and community care settings, and constitutes a health hazard under the *Public Health Act*;
- (f) Medical health officers need to know the vaccination status of workers in order to most effectively respond to clusters or outbreaks of COVID-19 among patients, residents, clients or workers;
- (g) In order to mitigate the risk in hospital and community care settings, and to the health-care system arising from an unvaccinated workforce and to ensure the preparedness and resilience of the health-care system, 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:

THIS ORDER REPEALS AND REPLACES THE *HOSPITAL AND COMMUNITY (HEALTH CARE AND OTHER SERVICES) COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES* ORDER MADE ON SEPTEMBER 12, 2022

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DEFINITIONS:

In this Order

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

“care” means health care, personal care or community care;

“care location” means

- (a) a hospital,
- (b) hospital facilities,
- (c) a research facility or research centre associated with a hospital or other care location;
- (d) a Provincial mental health facility,
- (e) a BC Cancer Agency facility,
- (f) a residential care 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,
- (g) 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,
- (h) a home operated by or under contract with Community Living British Columbia but not including the home of a home share provider,
- (i) a public health office,
- (j) a clinic operated by a regional health authority, the Provincial Health Services Authority, British Columbia Emergency Health Services or Providence Health Care Society to provide health care,
- (k) an urgent and primary care centre,
- (l) a child development centre,
- (m) a community health centre,

- (n) an adult day care,
- (o) a laboratory facility,
- (p) a diagnostic facility,
- (q) a vehicle from which health care is provided,
- (r) a private residence in which a patient or client resides,
- (s) a school,
- (t) a post-secondary student health services facility,
- (u) a supervised consumption site,
- (v) an overdose prevention site,
- (w) any other place where care is provided,

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

“community care” includes home nursing, nursing support for school students, health services for post-secondary students, home support, mental health, drug and alcohol care, continuing care, crisis support, life skills coaching, social skills coaching, counselling, day care for adults, health care provided in an office or clinic, care provided by a child development centre, support provided to a client of Community Living British Columbia, supervised consumption services, overdose prevention services, harm reduction services and public health services;

“Community Living British Columbia” means the authority established under the *Community Living Authority Act*;

“continuing care” means care provided by the following programs

- (a) Home Support Services;
- (b) Adult Day Services;
- (c) Meals Programs;
- (d) Respite Services;
- (e) Care Management;
- (f) Long-Term Care Services;
- (g) Palliative and End-of-Life Care Services;
- (h) Home Oxygen Program;
- (i) Assisted Living Services;
- (j) Community Nursing Services;
- (k) Community Rehabilitation Services.

“exemption” means a variance issued to a person under the *Public Health Act*, which permits an unvaccinated person to do that which they would otherwise be prohibited from doing pursuant to an order made under the *Public Health Act*, despite not being vaccinated;

“exemption certificate” means

- (a) proof, whether in paper or electronic form,
 - (i) issued by the provincial health officer or a delegate of the provincial health officer for the purpose of showing proof of exemption in accordance with orders of the provincial health officer made under the *Public Health Act*, and
 - (ii) showing the name of the holder; or
- (b) proof of exemption from vaccination, whether in paper or electronic form
 - (i) issued by the chief medical health officer, or equivalent or delegate, of a province or territory of Canada, and
 - (ii) showing the name of the holder;

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

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

“home share provider” means an individual who provides accommodation and care to a client of Community Living British Columbia in the individual’s private residence;

“hospital” means an institution designated by the minister under the *Hospital Act* to provide acute care, extended care, convalescent care or rehabilitation care, but does not include a stand-alone extended care hospital;

“in a care location” includes any place where a patient, resident or client of a care location is being provided with care or services by a staff member or student;

“operator” means the person responsible for managing a care location;

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

“personal care” means assistance with the activities of daily living, including eating, moving about, dressing and grooming, bathing and other forms of persons hygiene, and assistance with managing medication;

“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) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder and is satisfactory to an employer or operator;
- (g) another form of identification that is issued by a government of any jurisdiction, which includes a photograph of the holder and is satisfactory to an employer or operator;

“**place**” includes an outside area or a vehicle;

“**post-secondary student health services facility**” means a place on the campus of a post-secondary institution where health professionals provide primary health care to post-secondary students;

“**primary health care**” means initial diagnosis, treatment or referral;

“**proof of exemption**” means

- (a) in the case of a person who is more than 18 years of age, photo identification and an exemption certificate;
- (b) in the case of a person who is 18 years of age or younger, an exemption certificate;

but does not include the requirement to provide photo identification in the case of a staff member;

“**proof of vaccination**” means

- (a) in the case of a person who is more than 18 years of age, photo identification and a vaccine card;
- (b) in the case of a person who is 18 years of age or younger, 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*;

“**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*;

but does not include a First Nation school certified as an independent school under the *Independent School Act*;

“services” includes

- (a) dietary, kitchen, housekeeping, inside maintenance services or inside construction work,
- (b) administrative or managerial services,
- (c) information technology services,

but does not include urgent or emergency inside maintenance services or construction work.

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

“vaccinated” means to have received, at least 7 days previously, one dose of Janssen COVID-19 vaccine, or two doses of a vaccine or a combination of vaccines,

- (a) approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- (b) approved by the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

“vaccine” means a vaccine intended for use in humans against SARS-CoV-2;

“vaccine card” means proof in one of the following forms that the holder is vaccinated:

- (a) electronic proof or a printed copy of an electronic proof,
 - (i) issued by the government in the form of a QR code, accessible through the Health Gateway online platform, and
 - (ii) showing the name of the holder,
- (b) proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders of the provincial health officer made under the *Public Health Act*,
- (c) proof, whether electronic or in writing, issued
 - (i) by the government of Canada or of a province of Canada, and
 - (ii) 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,
- (d) in the case of a person vaccinated outside Canada, proof in English, French, or a certified translation into English or French, whether electronic or in writing, issued by a government or a government body or by an organization which administered the vaccine for the purpose of showing proof of vaccination, which
 - (i) is in the form of an official certificate, pass, card, receipt or confirmation showing the number of doses of vaccine received,

- (ii) is not just a QR code,
- (iii) includes in text
 - A. the person’s name,
 - B. the name of the government or government body or organization which administered the vaccine,
 - C. the brand name or any other information which identifies the vaccine,
 - D. the date the vaccine was administered.

A. REGIONAL HEALTH AUTHORITIES, THE PROVINCIAL HEALTH SERVICES AUTHORITY, BRITISH COLUMBIA EMERGENCY HEALTH SERVICES, THE PROVIDENCE HEALTH CARE SOCIETY, THE BOARD OF MANAGEMENT OF A HOSPITAL, THE MANAGEMENT OF A PROVINCIAL MENTAL HEALTH FACILITY, AND COMMUNITY LIVING BRITISH COLUMBIA

In this Part

“employer” means

- (a) a regional health authority,
- (b) the Provincial Health Services Authority,
- (c) British Columbia Emergency Health Services,
- (d) the Providence Health Care Society,
- (e) the board of management of a hospital,
- (f) the management of a Provincial mental health facility,
- (g) Community Living British Columbia, or
- (h) the operator of a care location with respect to a fellow or trainee, who is engaged in training, research or an associated administrative matter.

“staff member” means

- (a) an individual employed by a regional health authority, the Provincial Health Services Authority, British Columbia Emergency Health Services, the Providence Health Care Society or Community Living British Columbia,
- (b) an individual who provides care or services or carries out research under contract, except construction services under contract, with a regional health authority, the Provincial Health Services Authority, British Columbia Emergency Health Services, the Providence Health Care Society or Community Living British Columbia,
- (c) an individual employed by or under contract with the board of management of a hospital, or the management of a Provincial mental health facility, to provide care or services or carry out research,
- (d) a health professional with privileges with respect to a facility operated or funded by a regional health authority, the Provincial Health Services Authority, British Columbia Emergency Health Services, the Providence Health Care Society or Community Living British Columbia, or

(e) a resident, trainee or fellow engaged in training, research or an associated administrative matter, but does not include a home share provider or a peer worker.

“work” means to provide care or services for, or be engaged in training, research or an associated administrative purpose with, an employer.

I. VACCINATION REQUIREMENTS AND OTHER PREVENTIVE MEASURES

1. A staff member must
 - (a) be vaccinated and provide proof of vaccination to the staff member’s employer, or
 - (b) have an exemption, provide proof of the exemption to the employer, and comply with the conditions of the exemption when working.
2. An employer must not permit a staff member who is not in compliance with section 1 to work.
3. A staff member who is not in compliance with section 1 must not work.

B. OTHER EMPLOYERS

In this Part

“employer” means

- (a) a person under contract with or funded by a regional health authority, the Provincial Health Services Authority, British Columbia Emergency Health Services, the Providence Health Care Society, Community Living British Columbia, the Ministry of Health or the Ministry of Mental Health and Addictions to employ, contract with or fund a person to provide care, services or health related research in a care location,
- (b) a person under contract with or funded by a person described in (a) to employ or contract with a person to provide care, services or health related research in a care location, or
- (c) a person who provides a staff member to provide care or services to a client funded under the Choice in Supports for Independent Living program, but does not include the individual client or client support group funded under the Choice in Supports for Independent Living program;

“staff member” means

- (a) an individual employed by, under contract with or funded by an employer to provide care, services, except construction services under contract or health related research in a care location,
- (b) an individual providing care or services to a client under the Choice in Supports for Independent Living program,

but does not include a family member of a Choice in Supports for Independent Living program client, a home share provider or a peer worker.

“work” means

- (a) to provide, care, services or health related research in a care location, or

(b) to provide care or services to a client under the Choice in Supports for Independent Living program.

I. VACCINATION REQUIREMENTS AND OTHER PREVENTIVE MEASURES

1. A staff member must not work unless the staff member
 - (a) is vaccinated and provides proof of vaccination to the staff member's employer, or
 - (b) has an exemption, provides proof of the exemption to the employer, and is in compliance with the conditions of the exemption when working.
2. An employer must not permit a staff member who is not in compliance with section 1 to work.
3. A staff member who is not in compliance with section 1 must not work.

C. VACCINATION STATUS INFORMATION ABOUT PART A AND PART B STAFF MEMBERS

THIS PART APPLIES TO EMPLOYERS AND STAFF MEMBERS IN PARTS A AND B

In this Part

“WHITE” means the Workplace Health Indicator Tracking and Evaluation database.

I. EMPLOYERS WITHOUT ACCESS TO WHITE

1. An employer must request proof of vaccination, or proof of an exemption, from each staff member, and must keep a record of the staff member's vaccination status.
2. A staff member must provide their employer with proof of vaccination, or proof of an exemption, on request from their employer.
3. An employer must disclose information about the vaccination status of their staff members 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.

II. EMPLOYERS WITH ACCESS TO WHITE

1. An employer must confirm each 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 proof of an exemption, and keep a record of the staff member's vaccination status.
3. A staff member must provide their employer with proof of vaccination, or proof of an exemption, on request from their employer.
4. An employer must disclose information about the vaccination status of their staff members 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.

III. OPERATORS

1. An operator may request a staff member for proof of vaccination, or proof of an exemption, and may keep a record of the staff member's vaccination status.
2. A staff member must provide an operator with proof of vaccination, or proof of an exemption, on request from an operator.

D. POST-SECONDARY INSTITUTIONS, STAFF MEMBERS AND STUDENTS

In this Part

“college” has the same meaning as in the *Health Professions Act*;

“enrolled” means to be admitted to an academic program at a post-secondary institution;

“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/>);

“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;
- (d) an institution in another jurisdiction which provides post-secondary education or training;

“staff member” means

- (a) an employee, faculty member, contractor, technical specialist, volunteer, or a researcher at a post-secondary institution who is in a care location for training, certification, equipment assembly, research or associated administrative purposes;
- (b) an individual who provides care to a student, or who provides administrative or managerial support services, in a post-secondary student health services facility;

“student” means

- (a) a person who is applying for admission to an academic program at a post-secondary institution who will be in a care location for training, research or associated administrative purposes, or

- (b) a person who is enrolled in an academic program at a post-secondary institution who is in a care location for training, research or associated administrative purposes.

“work” means

- (a) to be in a care location for training, certification, equipment assembly, research, or an associated administrative purpose,
- (b) to be in a post-secondary student health services facility for the purpose of providing care or administrative or managerial support services.

I. VACCINATION STATUS INFORMATION

1. A post-secondary institution must request proof of vaccination, or proof of an exemption, from each staff member and must keep a record of each staff member’s vaccination status.
2. A staff member must provide a post-secondary institution with proof of vaccination, or proof of an exemption, on request from a post-secondary institution.
3. A post-secondary institution must disclose information about the vaccination status of their staff members 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. A post-secondary institution must request proof of vaccination, or proof of an exemption, from a student unless the post-secondary institution has already received information about the student’s vaccination status from a college of which the student is a registrant pursuant to the operation of the *Health Professionals COVID-19 Vaccination Status Order*.
5. A post-secondary institution must keep a record of an enrolled student’s vaccination status, and for this purpose may collect information from the HSPnet database, and may enter this information into the HSPnet database.
6. A student must provide the post-secondary institution to which they have applied for admission, or at which they are enrolled, with proof of vaccination, or proof of an exemption, on request from the post-secondary institution.
7. A post-secondary institution must destroy information about the vaccination status of a person who applies for admission but who is subsequently not enrolled.
8. A post-secondary institution must disclose information about the vaccination status of their students 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.
9. A staff member, or a student, must provide an operator with proof of vaccination, or proof of an exemption, on request from an operator, and an operator may keep a record of the staff member’s or student’s vaccination status.

II. VACCINATION REQUIREMENTS AND OTHER PREVENTIVE MEASURES

1. A person who is a staff member or a student must not work unless the staff member or student
 - (a) is vaccinated and provides proof of vaccination to the post-secondary institution of which the person is a staff member or at which the student is enrolled, or
 - (b) has an exemption, provides proof of the exemption to the post-secondary institution, and is in compliance with the conditions of the exemption when working.
2. A post-secondary institution must not permit a staff member or a student who is not in compliance with section 1 to work.
3. A staff member or a student who is not in compliance with section 1 must not work.

E. VARIANCE AND RECONSIDERATION

After weighing the interests of persons who receive and provide care and services in hospital or community settings against the interests of unvaccinated person in light of the risk of the transmission of infection posed by the presence of unvaccinated persons in the health-care workforce, or providing care or services or engaged in research or receiving training in care locations, and taking into account the vulnerability of persons receiving care and services, the importance of maintaining a healthy and resilient health-care workforce, 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 continuing reasonable probability of a resurgence of disease transmission with increases in serious outcomes, clusters and outbreaks of COVID-19, and resulting strain this would place upon already overburdened public health and health care systems, and the risk inherent in accommodating persons who are not vaccinated, it is my reasonable belief that it is necessary that I limit requests for reconsideration of this Order to those made by an individual on the basis that vaccination would so seriously jeopardize the individual's health that the risk to the individual's health posed by vaccination outweighs the benefit.

Accordingly, pursuant to the authority vested in me by sections 39 (6), 54 (1) (h) and 56 of the *Public Health Act*, I have decided not to consider requests for reconsideration by way of variance under section 43 of the *Public Health Act* with respect to the requirement to be vaccinated in this Order, other than on the basis of a medical deferral to a vaccination.

A request for reconsideration on the basis of a medical deferral to a vaccination 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-issues/covid-19-novel-coronavirus>).

A request for reconsideration on the basis of a medical deferral to a vaccination may be submitted to the Provincial Health Officer at PHOExemptions@gov.bc.ca with the subject line "Request for Reconsideration about Preventive Measures in Hospital or Community Locations".

A person who has been offered employment as a staff member, as defined in any Part of this Order, or who is seeking enrollment as a student, and to whom this Order will apply if the person becomes a staff member or a student, may make a request for a medical deferral to a vaccination as provided for in this Part.

F. EXPIRATION AND COMPLIANCE

This Order comes into force at 1:00 pm on April 6, 2023.

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*.

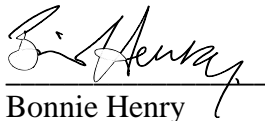
If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

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

DATED THIS: 6th day of April 2023

SIGNED:



Bonnie Henry
OBC, 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*];