

**ORDER OF THE MEDICAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39(3) and 54(1) of the *Public Health Act*, S.B.C. 2008)

**THIS ORDER SUPERSEDES MY ORDER DIRECTED AT OWNERS, OPERATORS, LICENSEES, REGISTRANTS, DIRECTORS OF FACILITY AND DIRECTORS OF CARE OF LICENSED LONG-TERM CARE FACILITIES IN THE VANCOUVER COASTAL HEALTH REGION MADE ON APRIL 9, 2020 AND ALL DIRECTIVES I ISSUED THEREUNDER**

**COVID-19 PREVENTION AND CONTROL IN LONG TERM CARE FACILITIES ORDER**

The *Public Health Act*, S.B.C. 2008, c. 28 and the regulations issued thereunder are available at:  
<http://www.bclaws.ca/civix/content/complete/statreg/1922970521/08028/?xsl=/templates/browse.xsl>

**TO:** All owners, licensees, operators, Directors of Facility and Directors of Care of Licensed Long-Term Care Facilities (“LTCFs”) (such persons referred to collectively as “LTCF Operators”)

**AND**

**TO:** All employed and contracted staff, and volunteers at Licensed Long-term Care Facilities

**FACILITIES:** All LTCFs within the Vancouver Coastal Health Authority (“VCH”) Region

**WHEREAS:**

- A. A communicable disease known as COVID-19 has emerged in British Columbia;
- B. SARS-CoV-2, an infectious agent, can cause outbreaks of serious illness known as COVID-19 among the public;
- C. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- D. On March 17, 2020, the Provincial Health Officer, Dr. Bonnie Henry (the “PHO”), declared the COVID-19 pandemic to be an emergency pursuant to Part 5 of the *Public Health Act*, S.B.C. 2008, c. 28;
- E. On March 17, 2020, the PHO issued a letter to all LTCFs advising that the residents of LTCFs, being individuals who are elderly and who may have underlying conditions that compromise the immune system, are particularly at risk of developing severe illness upon becoming infected with COVID-19, and that visitors to LTCFs should be restricted;
- F. Multiple LTCFs within the VCH region have experienced an outbreak or incidence of COVID-19 infection, such that it has become necessary to implement more extensive and restrictive protective measures in order to limit the possibility of further spread of COVID-19 and to protect the residents and staff of LTCFs;

- G. On March 27, 2020, the PHO issued an order with respect to the collection of LTCF staff personal and employment information;
- H. You belong to a class of people who are the owners, operators, licensees, Directors of Facility, and Directors of Care of Facilities and/or healthcare staff of a LTCF that is situated within the VCH Region; and
- I. I have reason to believe and do believe that the risk of further outbreaks of COVID-19 in LTCFs constitutes a health hazard under the *Public Health Act*.

**I HEREBY MAKE THE FOLLOWING ORDER PURSUANT TO SECTIONS 30, 31, 32, 39(3) and 54(1) OF THE *PUBLIC HEALTH ACT*:**

- 1. Effective immediately on receipt of this Order, LTCF Operators are directed to:
  - a. Comply with the Long Term Care Facility Directive issued by a VCH Medical Health Officer (MHO) from time to time (the "**LTC Directive**"). The initial LTC Directive dated May 19, 2020 is attached to this Order. If updates to the LTC Directive are made, LTCF Operators will be notified and the updated LTC Directive will be posted at <http://www.vch.ca/covid-19>.

This Order remains in effect until cancelled, suspended or varied by me or another MHO employed by VCH.

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*.

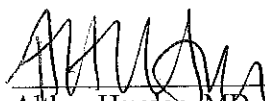
Pursuant to section 54(1)(h) of the *Public Health Act*, and in accordance with the emergency powers set out in part 5 of the *Public Health Act*, no VCH MHO will be accepting requests for reconsideration, requests for review, or requests for reassessment of this Order.

You may contact me at:

Althea Hayden, MD, MPH, FRCPC  
Medical Health Officer, Vancouver Coastal Health  
800-601 W Broadway, Vancouver, B.C.  
Telephone: 604-675-3900 and Fax: 604-731-2756

DATED THIS: 19th day of May, 2020.

SIGNED:

  
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Althea Hayden, MD, MPH, FRCPC  
Medical Health Officer, Vancouver Coastal Health  
800-601 W Broadway, Vancouver, B.C.  
Telephone: 604-675-3900 and Fax: 604-731-2756

DELIVERED: by posting on the VCH website. By email to all LTCF Operators and by Operators to all employed and contracted staff.

Enclosures:

LTC Directive dated May 19, 2020  
Excerpts of *Public Health Act* and Regulations

**DIRECTIVE #1 OF THE MEDICAL HEALTH OFFICER**  
**COVID-19 PREVENTION AND CONTROL IN LONG TERM CARE FACILITIES ORDER DATED**  
**MAY 19, 2020**

**TO:** All owners, licensees, Directors of Facility and Directors of Care of Licensed Long-Term Care Facilities (“LTCFs”) (such persons referred to collectively as “LTCF Operators”)

**TO:** All employed and contracted staff, and volunteers at Licensed Long-term Care Facilities

**FACILITIES:** All LTCFs within the Vancouver Coastal Health Authority (“VCH”) Region

**I HEREBY ISSUE THE FOLLOWING DIRECTIVE FURTHER TO MY COVID-19 PREVENTION AND CONTROL IN LONG TERM CARE FACILITIES ORDER DATED MAY 15, 2020 (“PREVENTION AND CONTROL IN LONG TERM CARE FACILITIES ORDER”), AND PURSUANT TO SECTIONS 30, 31, 32, 39(3) AND 54(1) OF THE *PUBLIC HEALTH ACT*:**

All words and phrases which are defined terms in the Prevention and Control in Long Term Care Facilities Order have the same respective meaning in this Directive unless otherwise stipulated herein.

**LTCF OPERATORS MUST**

**1. Enhanced Cleaning**

- 1.1 Carry out enhanced cleaning of facilities and general infection control measures, in accordance with the guidance document issued by the BC Centre for Disease Control (“BCCDC Guidance Document”) which may be updated at any time, and in accordance with any additional direction or directive which may be provided by a VCH MHO. This BCCDC Guidance Document can be accessed on the BCCDC website at the following link: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living>.

**2. Staff, Volunteer, & Visiting Health Professional Screening**

- 2.1 Conduct daily staff and volunteer screening, for volunteers who are physically present at the facility, in accordance with the Staff and Visiting Professionals Assessment Form available at <http://www.vch.ca/covid-19>
- 2.2 Ensure that Staff or volunteers who are newly hired or have been absent from the facility for 14 days or more, complete the COVID-19 Enhanced Staff Screening Questionnaire available at <http://www.vch.ca/covid-19> (the “Enhanced Staff Screening Questionnaire”). Ensure that the staff member or volunteer completes the Enhanced Staff Screening Questionnaire 72 hours prior to their first planned shift and must ensure that the staff member or volunteer sends the completed form to the manager or Director of Care (“DOC”) of the facility a minimum of 48 hours prior to the member’s first planned shift;

- 2.3 The manager or DOC of the LTCF (“Manager or DOC”) must take the following steps: (1) ensure That the Questionnaire is completely filled out (2) according to the responses on the Questionnaire, ensure that all actions indicated by the Questionnaire are completed prior to allowing the staff member to enter the facility, (3) ensure that the Questionnaire is submitted to a VCH MHO, as directed on the Questionnaire, a minimum of 24 hours prior to the staff person’s or volunteer’s first scheduled shift.
- 2.4 The manager or DOC must ensure that visiting health professionals, including physicians, dentists, podiatrists and others, including students visiting the facility, are screened in accordance with the Staff and Visiting Professionals Assessment Form, as described in 2.1.

### **3. Screening Residents and Reporting Illness**

- 3.1 Screen residents daily for symptoms of COVID-19 including respiratory and Gastrointestinal symptoms.
- 3.2 Immediately place any resident with new or worsening respiratory symptoms (including fever) on contact and droplet precautions.
- 3.3 Collect a nasopharyngeal (NP) swab for COVID-19 NAT testing on any resident with new or worsening symptoms compatible with COVID-19 (including fever). An NP swab should be collected and sent for COVID-19 testing, even if just a single resident is ill.
- 3.4 Report to a VCH MHO immediately where one (1) incidence of an Influenza-Like Illness (“ILI”) or two (2) cases of cold-like symptoms are identified in residents or staff at the LTCF. Reports must be given in the form of a line list similar to those found in Appendix E and Appendix F of the BCCDC Guidance Document. This document is available at the following link: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living>. Line lists must be submitted to Public Health via fax to 604-731-2756. There is no requirement for the LTCF to contact a Medical Health Officer unless the LTCF is seeking specific direction or it has specific concerns it wishes to discuss.

### **4. Visitor Policy and Screening**

- 4.1 Comply with the LTCF COVID-19 Visitor Policy (“Visitor Policy”) posted on the VCH website at <http://www.vch.ca/covid-19>.
- 4.2 In exceptional circumstances, where resident well-being is significantly impacted, facilities may apply for a compassionate exemption issued by a VCH MHO, as set out in section 8 of this Directive.
- 4.3 Screen all visitors in accordance with the LTCF COVID-19 Visitor Assessment posted on the VCH website at: <http://www.vch.ca/covid-19>.
- 4.4 The Visitor Policy will be subject to change by a VCH MHO as the level of transmission in the community changes and the risk to residents changes.

### **5. Transfers**

- 5.1 A LTCF that is not experiencing an outbreak of COVID-19 (“Outbreak Free LTCF”) may transfer patients to another Outbreak Free LTCF.
- 5.2 An Outbreak Free LTCF may transfer patients to hospital. There is no need to notify a VCH MHO of these transfers
- 5.3 Restrictions on transfers from Outbreak Free LTCFs to hospital and between Outbreak Free LTCFs may become necessary if transmission of COVID-19 increases in the VCH region.

### **6. Group Social Activities**

- 6.1 ~~Cancel or indefinitely postpone all group social activities within the LTCF and any planned community social activities unless the LTCF can maintain a two (2) meter separation between residents during these activities.~~

## 7. Restrictions for Facilities Experiencing an Outbreak

- 7.1 Staff working in an Outbreak LTCF may not work in any other healthcare facility until the outbreak is declared over by a VCH MHO
- 7.2 Any facility where an outbreak has been declared by a VCH MHO ("Outbreak LTCF"), must refrain from accepting any new admissions.
- 7.3 Any Outbreak LTCF must refrain from transferring a resident to another LTCF.
- 7.4 Any Outbreak LTCF must notify a VCH MHO prior to transferring a patient to any hospital as defined in the *Hospital Act*, RSBC 1996, c. 200. The exception is that in urgent or emergent situations, a resident may be transferred to an acute care hospital and a VCH Medical Health Officer should be notified by the Outbreak LTCF as soon as practically possible.
- 7.5 Ensure that all residents who have been temporarily removed from the Outbreak LTCF to live elsewhere in the community (e.g. with family members) are not permitted to return to the Outbreak LTCF until the outbreak is declared over by a VCH MHO. The LTCF must inform family members seeking to temporarily re-home residents of this prohibition on returning to the Outbreak LTCF, and discuss the care plan for the resident prior to the resident's removal from the Outbreak LTCF.

## 8. Exemptions

- 8.1 With respect to sections 2 through 7 of this Directive, in exceptional circumstances and where an appropriate safety plan is in place to manage health hazard risks, a VCH MHO may grant an exemption to these aspects of this Directive. LTCF Operators must apply for the exemption by contacting the VCH Licensing Officer listed below and setting out the exceptional circumstances in writing.

Nader Massoud, Senior Licensing Officer (Residential)

Email: [nader.massoud@vch.ca](mailto:nader.massoud@vch.ca)

Phone: 604-675-3859

## 9. Delivery of Directive and Order

- 9.1 Deliver this Directive and the *COVID-19 Prevention and Control in Long Term Care Facilities Order* to all staff about to commence work, or working, at the facility, and all volunteers about to commence volunteering, or currently volunteering, at the facility.

## EMPLOYED AND CONTRACTED STAFF MUST

### 1. Staff Screening

- 1.1. Fully complete the Enhanced Staff Screening Questionnaire to the best of their knowledge and otherwise fully cooperate with all screening and assessments the LTCF is required to perform under this Directive.

## **VOLUNTEERS MUST**

### **1. Volunteer Screening**

1.1 Fully complete the Enhanced Staff Screening Questionnaire to the best of their knowledge and otherwise fully cooperate with all screening and assessments the LTCF is required to perform under this Directive.

## **DEFINITIONS IN THIS DIRECTIVE**

The definition of “healthcare facility” in this Directive includes the following:

- a) Any acute care facility;
- b) Any LTCF licensed under either the *Community Care and Assisted Living Act* or the *Hospital Act*;
- c) Any hospice as licensed under the *Community Care and Assisted Living Act*;
- d) Any outpatient care facility; and
- e) Any other facility as directed by a VCH MHO.

The definition of “Staff” in this Directive includes all employees, and contractors who are routinely physically present at the LTCF, except for any other professions, occupations, or care teams which have been exempted by a VCH MHO through a VCH MHO directive, or otherwise exempted by a VCH MHO.

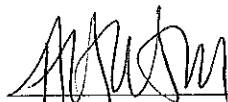
## **TERMS IN THIS DIRECTIVE**

The terms of this Directive are in addition to, and not in replacement of the BCCDC Guidance Document. Where, however, there is a conflict or inconsistency between this Directive and the BCCDC Guidance Document, the terms of this Directive shall take precedence.

The terms of this Directive remain in effect until cancelled, suspended or varied by me or another VCH MHO.

DATED THIS: 19<sup>th</sup> day of May, 2020.

SIGNED:



Althea Hayden, MD, MPH, FRCPC  
Medical Health Officer, Vancouver Coastal Health  
800-601 W Broadway, Vancouver, B.C.  
Telephone: 604-675-3900 and Fax: 604-731-2756

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DELIVERED by posting to the VCH website and by email to all Operators. Operators to deliver to all staff and volunteers.

## Enclosure

### Excerpts of the PUBLIC HEALTH ACT and Regulations

#### 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;

#### Division 4 — Orders Respecting Health Hazards and Contraventions

##### 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** (1) A health officer must make an order in writing, and must describe all of the following in the order:

(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.

## **Part 5 — Emergency Powers**

### **Division 1 — Application of this Part**

#### **Definitions for this Part**

**51** In this Part:

"emergency" means a localized event or regional event that meets the conditions set out in section 52 (1) or (2) [*conditions to be met before this Part applies*], respectively;

"localized event" means an immediate and significant risk to public health in a localized area;

"regional event" means an immediate and significant risk to public health throughout a region or the province.

#### **Conditions to be met before this Part applies**

**52** (1) A person must not exercise powers under this Part in respect of a localized event unless the person reasonably believes that

- (a) the action is immediately necessary to protect public health from significant harm, and
- (b) compliance with this Act, other than this Part, or a regulation made under this Act would hinder that person from acting in a manner that would avoid or mitigate an immediate and significant risk to public health.

(2) Subject to subsection (3), a person must not exercise powers under this Part in respect of a regional event unless the provincial health officer provides notice that the provincial health officer reasonably believes that at least 2 of the following criteria exist:

- (a) the regional event could have a serious impact on public health;
- (b) the regional event is unusual or unexpected;
- (c) there is a significant risk of the spread of an infectious agent or a hazardous agent;
- (d) there is a significant risk of travel or trade restrictions as a result of the regional event.

(3) If the provincial health officer is not immediately available to give notice under subsection (2), a person may exercise powers under this Part until the provincial health officer becomes available.

#### **Part applies despite other enactments**

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

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and
- (b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

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

## **Division 2 — Emergency Powers**

### **General emergency powers**

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

- (a) act in a shorter or longer time period than is otherwise required;
- (b) not provide a notice that is otherwise required;
- (c) do orally what must otherwise be done in writing;
- (d) in respect of a licence or permit over which the health officer has authority under section 55 [*acting outside designated terms during emergencies*] or the regulations, suspend or vary the licence or permit without providing an opportunity to dispute the action;
- (e) specify in an order a facility, place, person or procedure other than as required under section 63 [*power to establish directives and standards*], unless an order under that section specifies that the order applies in an emergency;
- (f) omit from an order things that are otherwise required;
- (g) serve an order in any manner;
- (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*];
- (i) exempt an examiner from providing examination results to an examined person;
- (j) conduct an inspection at any time, with or without a warrant, including of a private dwelling;
- (k) collect, use or disclose information, including personal information,
  - (i) that could not otherwise be collected, used or disclosed, or
  - (ii) in a form or manner other than the form or manner required.

(2) An order that may be made under this Part may be made in respect of a class of persons or things, and may make different requirements for different persons or things or classes of persons or things or for different geographic areas.

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### **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*];