



ORDER OF THE MEDICAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39(3) *Public Health Act*, S.B.C. 2008, and pursuant to Provincial Health Officer Order re: Deployment and Redeployment of Staff- Amendment to the Facility Staff Assignment Order dated October 26, 2020)

Deployment and Redeployment of Staff- Amendment to the Facility Staff Assignment Order

THIS ORDER REPLACES MY FACILITY STAFF ASSIGNMENT ORDER WITHIN THE ISLAND HEALTH REGION MADE MAY 22, 2020

TO: LICENSEES OF LONG TERM CARE FACILITIES AND PRIVATE HOSPITALS, BOARDS OF MANAGEMENT OR OPERATORS OF STAND ALONE EXTENDED CARE HOSPITALS DESIGNATED UNDER THE HOSPITAL ACT, REGISTRANTS OF ASSISTED LIVING RESIDENCES WHICH PROVIDE REGULAR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, INCLUDING EATING, MOBILITY, DRESSING, GROOMING, BATHING OR PERSONAL HYGIENE AND OPERATORS OF PROVINCIAL MENTAL HEALTH FACILITIES (HEREINAFTER REFERRED TO COLLECTIVELY AS “OPERATORS” AND “FACILITIES”)

TO: CONTRACTORS AND SUB-CONTRACTORS WHO PROVIDE STAFFING FOR FACILITIES

TO: EMPLOYEES AND CONTRACTED WORKERS (HEREINAFTER REFERRED TO COLLECTIVELY AS “STAFF”) AND VOLUNTEERS AT FACILITIES

TO: EDUCATIONAL INSTITUTIONS, WHICH ARRANGE PLACEMENTS FOR STUDENTS AT FACILITIES

WHEREAS:

- A. A serious communicable disease known as COVID-19 has emerged in British Columbia;
- B. SARS-CoV-2, an infectious agent, can cause outbreaks of 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. The movement of people between facilities such as staff and volunteers who are routinely present at facilities can promote the transmission of SARS-CoV-2 and increase the risk of infection with SARS-CoV-2 of persons- in- care, patients, residents (hereinafter referred to collectively as “residents”) and staff and volunteers;
- E. In order to mitigate the risk of the transmission of SARS-CoV-2 among residents, staff and volunteers, it is necessary for the movement of staff and volunteers between facilities to be limited;
- F. All workers remain subject to enhanced COVID-19 screening and may be denied permission to enter the facility if symptomatic.
- G. For this purpose, I issued Class Order #2 for the limitation of staff between facilities on March 21, 2020 (hereinafter referred to as the “MHO Class Order #2”) which, among other matters, requires all employed and contracted staff and volunteers at Licensed Long-Term Care Facilities (LTCF) to select a single LTCF or other healthcare facility at which the individual will provide service for the remainder of the COVID-19 epidemic;
- H. For this purpose, the Provincial Health Officer also made an Order for the limitation of the movement of staff between facilities on April 15, 2020 (hereinafter referred to as the “PHO Order”) which, among other matters, requires medical health officers to make decisions about the assignment of staff to facilities, and to make an order or orders implementing the decision or decisions;
- I. As directed by the PHO Order, I have made a decision about the assignment of staff to facilities and make this Order for the purpose of implementing my decision, replacing MHO Class Order #2 with this Order. I will provide each facility with a staff assignment directive applicable to that facility in the form set out in Appendix A (a “Staff Assignment Directive”) which may be updated from time to time by me or another Medical Health Officer (MHO) employed by Island Health;
- J. This Order does not apply to dietitians, medical laboratory technologists, medical laboratory assistants, nurse practitioners, paramedics, pharmacists, physicians, resident physicians, speech language pathologists, inter-facility transport staff, delivery persons, trades people, regular and biochemical waste removal people, biomedical engineers, visitors, educators, COVID-19 Coaches, COVID-19 LTC Response Team, foot care nurses, excluded management staff of non HEABC employers, social workers, occupational therapists, physical therapists, recreational therapists, support services supervisors, community health worker supervisors and case managers, essential professional consult resources (such as geriatric specialty services teams) or any other person or class of person who are exempted by me.
- K. Any class of person exempted by me must:
 - (i) Utilize virtual visiting methods as much as possible to limit contact with residents;

- (ii) Self-Assess with the BC CDC self assessment tool daily and not attend work if developing symptoms;
 - (iii) Pass screening practices as required by the facility in which they are working; and
 - (iv) Adhere to routine infection control practices and utilize appropriate personal protective equipment as per the applicable framework.
- L. This Order is not intended to restrict staff from employment that is not at a facility, such as home support, social services, or other employment outside a facility;
- M. This Order does not override MHO orders in place to address an outbreak in a facility, or directives pursuant to the March 27, 2020 PHO order;
- N. You belong to one of the classes of persons to whom this Order is addressed;
- O. I have reason to believe and do believe that
- (i) the risk of an outbreak of COVID-19 among residents, staff and volunteers constitutes a health hazard under the *Public Health Act*;
 - (ii) in order to protect residents, staff and volunteers from the risk of outbreaks in facilities of which you are the licensee, registrant or operator, or to which you provide staff under contract, or at which you are staff, it is necessary for me to exercise the powers in sections 30, 31, 32 and 39(3) *Public Health Act* **TO ORDER** as follows:

OPERATORS, CONTRACTORS AND SUB-CONTRACTORS WHO PROVIDE STAFFING FOR FACILITIES

MUST

1. take all steps necessary to implement the assignment of staff to facilities as provided for in the Staff Assignment Directive applicable to each facility.
2. only permit staff to work at a facility to which they have been assigned in the Staff Assignment Directive applicable to each facility.
3. update and confirm the personal and employment related information of staff including their name, contact information, Social Insurance Number and other information in electronic format following the instructions at <https://bchealthstaffing.ca/upload> on an ongoing basis, and no less than every month.
4. make a copy of this Order available to all staff listed in the Staff Assignment Directive applicable to the facility and provide notice to such staff in writing that they are assigned to the facility under a Staff Assignment Directive.

THIS ORDER AMENDS MY ORDER OF MAY 22, 2020, WITH RESPECT TO FACILITY STAFF ASSIGNMENT BY ADDING THE FOLLOWING PROVISIONS:

DEPLOYMENT OF NEW STAFF AND REDEPLOYMENT OF EXISTING STAFF BY OPERATORS, CONTRACTORS OR SUB-CONTRACTORS (each hereinafter referred to as “an Employer”)

1. Despite the provisions of the PHO Order of April 10, 2020, as amended, and my Order of May 22, 2020 that only staff who have been assigned to work at a facility by the medical health officer may work at that facility, once the medical health officer has assigned staff to a facility, an Employer may permit an individual to work at the facility who has not been assigned to work at that facility, but only in accordance with the procedures for the deployment or redeployment of staff in Appendix A [Guidance for Employers: Operationalizing the Single Site Model] to this Order.
2. Individuals who have been deployed or redeployed to a facility by an Employer, in accordance with the procedures for the deployment or redeployment of staff in Appendix A, may only work at the facility to which they have been deployed or redeployed, unless they are subject to an exemption granted by the medical health officer.
3. In all other respects I confirm my Order of May 22, 2020, as amended (with respect to *Facility Staff Assignment*).

This Order is in effect until cancelled or revised by me or another MHO employed by Island Health. Staff Assignment Directives relating to this Order are effective as of the date of the relevant Staff Assignment Directive and will remain in effect until cancelled or replaced by a later dated Staff Assignment Directive. In the event this Order is cancelled, all Staff Assignment Directives relating to this Order will terminate.

I or another MHO employed by Island Health may grant an exemption to any provision of my Order, including any provision in a Staff Assignment Directive. Any exemptions granted will be set out in the applicable Staff Assignment Directive. Facilities must apply for an exemption by setting out the exceptional circumstances and measures to address health hazard risks in writing and then submitting the request to an Island Health Licensing Officer at: cflcommunications@viha.ca

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 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 Island Health MHO will be accepting requests for reconsideration, requests for review, or requests for reassessment of this Order.

You may contact me at:

Richard S. Stanwick MD, MSc, FRCP(C), FAAP
Chief Medical Health Officer
Island Health
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Victoria, British Columbia V8R 4R2
Office: 250 - 519-3406
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EFFECTIVE DATE: October 27, 2020.



SIGNED: _____

Dr. Richard Stanwick
Chief Medical Health Officer
Island Health
430 - 1900 Richmond Avenue
Victoria, British Columbia V8R 4R2

DELIVERED BY: Email to all Employers (facility/contractor/subcontractor), Provincial Health Officer, HEABC and also posted on the Island Health website at:
<https://www.islandhealth.ca/learn-about-health/covid-19/public-health-orders-and-enforcement>

Enclosures:

Appendix A: Staff Assignment Directive
Excerpts of Public Health Act and Regulations

Guidance for Employers

Operationalizing the Single Site Model

STRATEGIC PRIORITIES AND ENGAGEMENT, BC MINISTRY OF HEALTH

Effective Date: September 21, 2020

Acknowledgements

This document was developed by the Strategic Priorities and Engagement Branch, Ministry of Health, with input from the Health Employers Association of BC (HEABC), the Office of the Provincial Health Officer (PHO), and the regional health authorities.

Definitions

Deployment – initiation of a new employee to a new site who is not transferring from a facility

Employers – employers including contractors, sub-contractors and private employers who provide staffing at a facility.

Facility – facilities governed by the *Facility Staff Assignment Order*, including long-term care facilities and private hospitals, stand-alone extended-care hospitals, assisted living residences that provide regular assistance with activities of daily living (including eating, mobility, dressing, grooming, bathing or personal hygiene), and provincial mental health facilities

Redeployment – full transfer of an employee working at facility 1, and transferring fully to facility 2

Section 1 – Scope and Purpose of this Guidance Document

This document is intended to outline the accountabilities of facility employers for deployment and redeployment, and to ensure appropriate staffing processes are operationalized according to the Single Site Transition Framework. The guidance document will support employers in protecting the health and safety of residents, staff, volunteers, and visitors in long-term care facilities. This guidance document identifies the processes and/or tools that must be used in deployment or redeployment scenarios. The guidance document identifies the required elements of these processes and/or tools but assumes that employers will make final decisions regarding format and implementation. Any exemptions or time-limited exceptions to the single site order will only be made by the medical health officers (MHOs). The regional health authority working groups are responsible to ensure that employers are aware of their accountabilities regarding staffing and staffing processes and are aware that these processes must be followed.

Section 2 - Provincial Health Officer (PHO) Facility Staff Assignment Order, the Single Site Transition Framework, and the Emergency Programs Act

Health Care Labour Adjustment (COVID-19) Order; Facility Staff Assignment Order

On April 10, 2020, the Provincial Health Officer issued a “Facility Staff Assignment” Order under the *Public Health Act* (PHA), and the Minister of Public Safety and Solicitor General issued Ministerial Order 105 entitled “Health Care Labour Adjustment (COVID-19) Order” under the *Emergency Program Act* (“EPA Order”). The “Facility Staff Assignment” was then amended in April 15, 2020 (the “PHO Order”). The PHO Order was issued to limit the movement of staff between long-term care, assisted living, provincial mental health and standalone extended care hospital facilities, which could otherwise promote the transmission of SARS-CoV-2 and increase the risk of infection with SARS-CoV-2 of persons in care, patients, residents and staff. The orders do not apply to home support, acute care hospitals or extended care units physically located within acute

care hospitals. The PHO Order restricts staff movement and requires operators to take all steps necessary to assign staff to facilities as provided for in the *Staff Assignment Directive* applicable to each facility.

Single Site Transition Framework (SSTF)

The SSTF is a negotiated agreement that outlines the labour adjustment terms as part of facilitation of any further orders with respect to the public health emergency and the provincial state of emergency that has been declared and entered into by the Minister of Health, on behalf of the government, the HEABC, the bargaining associations representing unionized staff of members of the HEABC and the bargaining agents representing unionized staff of specified health care employers.

EPA Order: As a significant portion of the employers covered by the PHO order are non-HEABC employers, including service providers operating in health authority facilities, the EPA order specifies the labour adjustment terms outlined in the SSTF, for non-HEABC employers as part of facilitation of any further orders with respect to the public health emergency and the provincial state of emergency.

Section 3 - Operationalizing Staffing in Facilities Governed by the PHO/MHO Orders

The following information outlines the circumstance and the processes required to be in place to comply with the PHO Order with respect to the deployment and redeployment of employees to facilities.

Staffing of Facilities Governed by the PHO/MHO Order and Assignment Processes

The following headings list the documentation and/or processes **required** for each included scenario. Employers may develop their own tools provided they include the listed requirements. See each section listed below for a description of what is required within each process.

1) Covid-19 Screening

Covid-19 screening process (i.e. process may include a written questionnaire or in-person screening) are required for the following staffing scenarios:

- Deployment of a new employee to a facility
- Redeployment of a current employee from facility 1 to facility 2 – employee/union request
- Redeployment of a current employee from facility 1 to facility 2 – MHO regional working group and/or site request

Covid-19 screening must take place prior to the scheduled shift. Screening information must include confirmation of:

- Whether the employee has received a diagnosis of covid-19 infection
- Whether the employee have been in contact with anyone diagnosed or epi-linked to someone with covid-19 infection
- Whether the employee has worked in a site that is currently experiencing an outbreak
- Whether the employee has any current covid-19 related symptoms

Covid-19 screening processes must include an escalation sequence with clear direction of resolution procedures should an employee confirm any of the above scenarios. When the screening process is complete (i.e. completed questionnaire or in-person screening) all documentation related to employee screening must be made available at the facility.

2) Declaration Statement

Employers are required to ensure that deployed or redeployed employees of a facility need to be aware of their obligations under the PHO Order. A signed declaration statement is required when an employee is deployed or redeployed to a facility.

The following information is required to be communicated to the employee in written form, in the form best suited by the facility/employer.

- A statement indicating which MHO Order governs the posting of the vacancy
- Statement that affirms the employee's understanding of the requirement to comply with order
- An employee declaration of compliance
- Information on single site order (i.e. hyperlink to information available)
- If a facility or employee has been included under the single site order, but has received an exemption from the regional MHO, the MHO exemption order must be listed on the declaration
- Statement listed on the declaration form of where declaration statements are stored at that facility

3) Facility Employee Transfer Process

Documentation is required when employees are redeployed between facilities. Complete the employee transfer documentation once there is confirmation of redeployment of an employee to another facility. The following information should be identified in all facility employee transfer forms/documentation:

- Employee name/identifier, role, union affiliation
- Reason for transfer from facility 1 to facility 2
- Employees end date at facility 1; employees start date at facility 2
- Statement delivered to the health authority regional working group indicating redeployment was approved (i.e. by the respective employers prior to effecting the transfer). Any redeployment issues between employers requiring resolution should be escalated through the health authority regional working group

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 (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.

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*];