

CLASS ORDER RE: COVID-19

NOTICE TO OWNERS, LICENSEES, DIRECTORS OF FACILITY, DIRECTORS OF CARE OF LICENSED LONG-TERM CARE FACILITIES IN THE INTERIOR HEALTH AUTHORITY (CLASS)

ORDER OF THE CHIEF MEDICAL HEALTH OFFICER

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

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

Infection Control Practices in Long-term Care Facilities

TO: ALL OWNERS, LICENSEES, DIRECTORS OF FACILITY AND DIRECTORS OF CARE OF LONG-TERM CARE FACILITIES (“**LTCFS**”) (SUCH PERSONS REFERRED TO COLLECTIVELY AS “**LTCF OPERATORS**”)

FACILITIES: All LTCFs within the Interior Health Authority

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 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 Provincial Health Officer, Dr. Bonnie Henry, 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 LTCF should be restricted;
- F. Multiple LTCFs within Interior Health are at significant risk of experiencing 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. You belong to a class of people who are the owners, licensees, Directors of Facility, Directors of Care and/or healthcare staff of a LTCF that is situated within Interior Health; and
- H. I have reason to believe and do believe that the risk of an outbreak of COVID-19 in LTCFs constitutes a health hazard under the *Public Health Act*.

THIS ORDER REPEALS AND REPLACES THE CHIEF MEDICAL HEALTH OFFICER ORDER OF May 8, 2020 WITH RESPECT TO Infection Control Practices in Long-term Care Facilities

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) Carry out enhanced cleaning of facilities and enhanced screening of staff, contractors, and visitors, in accordance with the guidance document issued by the BC Centre for Disease Control (“**BCCDC**”) which may be updated at any time, and in accordance with any additional direction which may be provided by an Interior Health Medical Health Officer (“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>;
 - b) Report to the MHO or designate immediately where one (1) incidence of an Influenza-Like Illness (“ILI”) or two (2) cases of mild respiratory illness are identified in residents or staff at the LTCF. Reports must be submitted in the form of an incident report to Licensing Direct and to the MHO/CD Unit over the phone by calling **1-866-778-7736** weekdays between 8:30 am and 4:30 pm (“Regular Work Hours”) or **1-866-457-5648** outside of Regular Work Hours. In addition, daily illness reports are also to be submitted using the Telus Home Health Monitoring System (<https://mymobile.bc.hhm.telushealth.com/mymobile.html#register2f01876bfa586ed1810a472f54f00cb1&&normal>);
 - c) Routine visits from family members and friends of residents are not allowed. Virtual online visits and contact with family and friends should be encouraged and supported by LTC facilities. In exceptional circumstances, visitors are allowed without an exemption as described below in c(i) and c(ii) or by applying for an exemption in c(iii):
 - i. For residents who the most responsible physician (MRP) has assessed as being at ‘end-of- life’ (estimated as weeks to months of life as per the BC Center for Excellence in Palliative Care) in-person visits of a limited number of immediate family member(s) or spiritual advisor can occur on an ongoing or one-time basis. The LTCF must follow the criteria outlined by the IH MHO, which includes ensuring any designated family member/visitor is asymptomatic prior to any visit, wears appropriate PPE, and complies with the associated policies and procedures of the LTCF (criteria noted on Infection Control Order Exemptions memo, May 7, 2020).
 - ii. In-person social visitation for residents in LTCF can occur on an ongoing and pre-scheduled basis so long as the LTCF has a Visitation Health and Safety plan in place. These visitations are limited to one designated visitor per resident and must occur in appropriate designated spaces, either indoors or outdoors, at the LTCF. All visitors will comply with the LTCF’s Visitation Health and Safety plan and must bring and appropriately wear masks.

iii. Visits considered paramount to resident care and well-being, to ensure care is provided as set out in a care plan may be allowed. These visits shall be granted as essential to maintaining the health and well-being of a resident in care. A request for essential visits can be made for one-time or ongoing visitations with the LTCF. The LTCF must ensure the visit(s) meet the Essential Visitor Criteria outlined in Appendix A.

d) Refrain from transferring residents that meet the criteria below to any other healthcare facility, including without limitation another LTCF or a hospital as defined in the *Hospital Act*, RSBC 1996, c. 200, **without prior notice to and authorization of the MHO** or delegate phone by calling **1-866-778-7736** weekdays between 8:30 am and 4:30 pm (“Regular Work Hours”) or **1-866-457-5648** outside of Regular Work Hours.

- i. Resident/patient with known or suspected COVID-19 infection, OR
- ii. Resident/patient is a known contact of a COVID-19 case, OR
- iii. Where a facility has a declared COVID-19 outbreak.

In an emergent situation, where a patients goals of care are compatible with transfer to an acute care hospital (e.g. having a stroke and full code), priority should be given to addressing the immediate care need and calling 911 prior to providing notice to the MHO or delegate. For the purposes of this Order, a resident with suspected COVID-19 infection is any resident with symptoms compatible with COVID-19.

e) If an LTCF has an outbreak of COVID-19 declared by an Interior Health MHO, ensure that all residents who have been temporarily removed from the LTCF to live elsewhere in the community (e.g. with family members) are not permitted to return to the LTCF for the duration of the COVID-19 outbreak at the LTCF. An MHO employed by Interior Health determines when a LTCF is no longer experiencing a COVID-19 outbreak and determines when temporary re-homed residents can be returned to the facility. The facility should inform family members seeking to temporarily re-home residents of this prohibition on returning to the LTCF and discuss the care plan for the resident prior to the resident’s removal from the LTCF.

f) Cancel or postpone indefinitely all group social activities outside each individual care unit within the LTCF and any planned community social activities.

2. With respect to section 1(c), in exceptional circumstances, where an appropriate safety plan is in place to manage health hazard risks, an Interior Health MHO may grant an exemption to these aspects of my Order. LTCFs must apply for the exemption by contacting Interior Health Licensing Direct at LicensingDirect@interiorhealth.ca and setting out the exceptional circumstances in writing.

3. The terms of this Order are in addition to, and not in replacement of the *BCCDC Infection Prevention and Control for Novel Coronavirus (COVID-19) Interim Guidance for Long-Term Care and Assisted Living Facilities* (the “Guidance”). Where, however, there is a conflict or inconsistency between this Order and the Guidance, the terms of this Order shall take precedence.

This Order remains in effect until cancelled, suspended or varied by an Interior Health Medical Health Officer.

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, Interior Health has 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 MHO employed by Interior Health will be accepting requests for reconsideration, requests for review, or requests for reassessment of this Order.

You may contact me at:

Albert de Villiers, MBChB, MMed
Chief Medical Health Officer
Interior Health
505 Doyle Avenue
Kelowna, British Columbia V1Y 0C5

Office: 250-469-7070 Extension 12791
E-Mail: CDUnit@interiorhealth.ca

DATED THIS: 13th day of October, 2020

SIGNED:

A handwritten signature in cursive script that reads "A. de Villiers".

Dr. Albert de Villiers, MBChB, MMed
Chief Medical Health Officer
Interior Health

DELIVERED BY email to all LTCF Operators

Enclosures: Excerpts of *Public Health Act* and Regulations

Appendix A – Criteria for Essential Visitor approvals

The LTCF must ensure the following criteria is met and a process for documenting each aspect in writing for each requested/approved essential visitor(s) is in place prior to visitations taking place:

1. In order for the visitor request to be considered by the LTCF, they must meet the definition of an Essential Visitor: *“Visitor is considered paramount to the health and well-being of the person in care to ensure care is provided as set out in a person in care’s care plan”*.
2. The LTCF has considered how to provide this support virtually or with the staffing model in place; and has assessed that the need for the essential visitor(s) is still required and congruent with the care plan of the person in care.
3. The LTCF supports the request for the specific named Essential Visitor(s) and proposed plan for visitation. In addition, the person in care, their family or representative, the Most Responsible Physician (MRP), the health care team or any persons who contributed to the person in care’s care plan are also supportive of the proposed essential visits.
4. The Essential Visitor/Visitation plan describes how:
 - The LTCF will screen the essential visitor(s) each time of entry using the greeter’s script. If the essential visitor(s) does not pass the screening questions in the greeter’s script, the LTCF will not allow admission to the LTCF.
 - The LTCF will provide education and training on infection control processes, and applicable policies and procedures.
 - The essential visitor(s) will meet the expectations for the provision of required PPE.
 - The LTCF will assess the essential visitor’s comprehension and implementation of infection control measures, PPE use, and all facility policies.
 - The LTCF will monitor the essential visitor’s adherence with the infection control measures and all expectations as set out in policy.
 - The plan includes a plan should the essential visitor(s) fail/refuse to abide by the expectations set out in the request for visitation.
 - The operator will escort the essential visitor(s) to and from the specified room and ensure that the essential visitor(s) is confined to that area that ensures social distancing or avoids contact with other persons in care, and does not engage in activities outside of the specified room.
 - The essential visitor(s) has access only to a prescribed person in care in the specified room at the time of the visit.
 - The plan includes specific days and times for the essential visitor(s) attending the LTCF.
5. If an LTCF has an outbreak of COVID-19 or Influenza declared by an Interior Health MHO, all visitations should be temporarily postponed from the LTCF for the duration of the outbreak. The LTCF must have a communication plan in place on how they will inform any and all visitors seeking to visit persons in care of this prohibition and also when the visitations can re-commence.

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 license 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 license 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 license 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 license 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 regulation, 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*].