

Restart 2.0 – Communication plan

Adapting to a future living with COVID-19

Prepared by the Public Health Recovery Advisory Committee

Purpose: For non-public health partners communicating to their sectors and the public

Last Updated: June 15, 2021

BACKGROUND: COVID-19 PUBLIC HEALTH EMERGENCY

In December 2019, reports of a serious infection resulting in an outbreak of pneumonia emerged. In January 2020, the pathogen was identified as a coronavirus that was new to humans and was spread by the respiratory route. At the time, little was known about this virus, apart from that it appeared to be spread relatively easily and could cause serious disease and death in some. As it was a new virus, no vaccines or treatments were available to prevent or treat illness. The [World Health Organization](#) declared the outbreak a Public Health Emergency of International Concern on Jan. 30, 2020 and a [global pandemic](#) on March 11, 2020. While jurisdictions around the world – including China, Italy and New York – struggled with overwhelmed health care systems, with shortages of critical life-saving equipment and staff, the Canadian government and provinces prepared their emergency response in anticipation of the spread of the virus in Canada. By March 22, 2020, every Canadian province had declared a state of emergency. The first case of COVID-19 in an international passenger was announced in B.C. on Jan. 28, 2020 - over two dozen cases were reported over the subsequent 6 weeks, including the first case of transmission in the community not linked to travel on March 5 and the first death in B.C. on March 8. COVID-19 was declared a public health emergency in B.C. on March 17, 2020, followed by the announcement of a [Provincial State of Emergency](#) by the B.C. government on March 18, 2020.

Effective vaccines are the best way to prevent infection, spread, serious illness and death. In the absence of such a vaccine, non-pharmaceutical interventions were implemented in B.C. to reduce COVID-19 transmission until a vaccine could be developed and distributed. Physical distancing measures were recommended, and in some instances people in public places were required to stay 2 metres apart (the range of a typical cough or sneeze) of everyone else outside their household, masking recommendations were considered and COVID-19 testing and surveillance was dramatically increased. Additional measures included restricting social gatherings, limiting event sizes to 50 people, restricting travel, suspension of in-person schooling, closures of dining establishments and playgrounds, among others. Non-essential surgeries were cancelled in hospitals to make sure health care resources were available for COVID-19 patients. As of March 27, 2020, public health measures were thought to have [slowed the spread of infections by about half](#), and B.C. hospitals were prepared to deal with the overflow of COVID-19 cases. In May 2020, many societal functions resumed, including medical services and surgeries, public facilities, stores and restaurants, with a voluntary return to school on June 1, 2020 and return to non-essential travel in June 2020, while a ban on large gatherings continued.

While the spread of COVID-19 slowed in communities across B.C. during the summer months, a substantial increase in COVID-19 cases occurred during the fall, spurred by changes in behaviour as life moved indoors during the fall and winter months and spread of the virus occurred more easily in the colder temperatures. B.C. declared a second pandemic wave on Oct. 18, 2020. On Nov. 7, a two-week regional order was put in place in Vancouver Coastal and Fraser Health due to a rising infections in a number of communities.

A province-wide mandatory mask policy and ban on social gatherings was in place mid-November that lasted through the holiday season. Despite schools resuming in-person learning since September 2020 in B.C., [COVID-19 case rates](#) in schools during 2020/21 year were relatively low, did not result in increased community transmission and outbreaks were quickly controlled.

In December 2020, the first COVID-19 vaccine was approved and distribution and administration initiated in British Columbia. Initially, vaccine supplies were very limited. During the subsequent weeks, two more vaccines were approved in Canada.

During the early months of 2021, new variants of the COVID-19 virus circulated in B.C. At the time, the scientific community was unsure whether these new variants would transmit more easily, cause more serious disease, or how effective current vaccines would be against them. Additional restrictions, i.e. closing indoor dining, further restricting fitness businesses, and inter-provincial travel prohibitions, were implemented in April 2021 in response to rising infections. By the time of this third surge of cases, the majority of those at highest risk of death from COVID-19 were immunized. This meant that while cases, hospitalizations and ICU admissions increased substantially, mortality remained relatively low. The combination of restrictions and rising vaccination levels across the province – as BC residents were eligible to be vaccinated based on age cohorts - resulted in a decline in hospitalizations and ICU admissions beginning in late April and early May of 2021.

CURRENT & FUTURE STATE: COVID-19 AND VACCINATION

Our situation is different now due to rapidly escalating vaccination levels. The first COVID-19 vaccine was approved in Canada on Dec. 9 and the first health care worker in B.C. was vaccinated on Dec. 15. Vaccine levels have been rapidly rising in B.C. with [over 73% people of people over age 12 in B.C.](#) having received at least one dose of a COVID-19 vaccine as of May 31, 2021, and anyone over the age of 12 now eligible to receive a vaccine. Evidence shows that all vaccines are effective (including after the [first dose](#)) in preventing the spread of COVID-19, protecting against severe illness and death from COVID-19, and provide [good protection](#) against COVID-19 variants. As more and more people are protected by vaccine, COVID-19 will likely spread less easily between people and cases will decline and outbreaks will become less likely. As a result, all provinces across Canada, including B.C., are in the process of easing restrictions in areas where vaccine coverage is climbing and case counts and serious outcomes are decreasing. This includes relaxing some of the emergency measures that were necessary to prevent COVID-19 before a vaccine was available.

In the future, COVID-19 is predicted not have the same impact that it did in 2020, as we now have vaccine coverage that provides significant individual and community protection. Thus, we are

moving to a phase where the province-wide emergency restrictions that were necessary to manage a new and unknown virus in a susceptible population will no longer be necessary. COVID-19 is likely to stay with us for the foreseeable future and become a regularly circulating virus that we manage as we manage other common infections. Currently, there are circulating and emerging COVID-19 variants which are more transmissible and in which full vaccination is protective.

As more people across B.C. get vaccinated, the number of susceptible individuals continues to decline, and we are becoming more protected against infection by COVID-19 both as individuals and as communities. As a result, COVID-19 is predicted to behave similarly to other seasonal viruses like influenza - serious outcomes may still occur, but as vaccine levels increase, they will become less common. While providing strong protection vaccines are not 100% effective, and not everyone will be vaccinated due to medical conditions, personal preference, vaccine hesitancy, access and/or eligibility. Thus, COVID-19 outbreaks may still occur in the future, but will be managed using the public health practices we use to manage other communicable diseases.

B.C. has well staffed and robust public health monitoring systems and public health measures in place to detect and respond to over 80 reportable communicable diseases, including COVID-19. In addition, the Public Health Laboratory has developed robust genomic capability to detect variants of interest and concern. Provided these systems are maintained, they can respond quickly at a community or regional level to respond to outbreaks if they occur. This ongoing monitoring and response, combined with good vaccine uptake, means that many of the emergency restrictions that were necessary over the past year to prevent transmission between people (physical distancing, restrictions on social and community interactions) can be lifted in stages with ongoing monitoring.

As conditions improve through the summer, it is expected that most of the more restrictive public health measures affecting our personal and professional lives will be relaxed and replaced with more general public health recommendations for reducing the spread of viruses. Use of restrictive measures, while necessary, combined with other pandemic impacts (e.g. on individuals, communities and sectors) to have significant adverse effects on our individual and community well-being, with certain communities and populations being significantly more adversely affected than others. While not attributable to public health measures alone, it is important for us to address these societal effects moving forward.

COVID-19 transmission, as well as other infections transmitted by coughing and sneezing, can continue to be prevented through measures such as routine vaccinations and everyday practices (such as hand washing, respiratory hygiene, staying home when sick). Public health will continue to monitor and respond to the emergence of COVID-19 variants of concern, serious illness, outbreaks and health care system capacity and provide recommendations as needed.

GOALS OF RESTART 2.0

The goals of the Restart 2.0 plan include:

1. decrease serious illness and death due to COVID-19,
2. preserve health care resources, and
3. allow society to recover to a healthier state of normal, while minimizing (addressing) the impacts on those who have been affected the most during COVID-19.

This includes transitioning from highly prescriptive COVID-19 specific orders and protocols back to usual healthy policies and guidance to prevent infections, as well as individual protective behaviours. It also includes rescinding the provincial state of emergency and most public health orders as early as July 1, 2021.

We recognize that the COVID-19 pandemic has been a life changing event for many that may have disrupted our ability to earn a livelihood, connect with loved ones, practice our faith or participate in cultural and artistic events together, and attend school as we usually do. We have experienced loss, isolation, and, for some, trauma. Thus, it is important, that as we move forward to getting back to normal, we support individual and community well-being in a way that is equitable, sustainable, and considerate of those for whom the pandemic has taken a heavy toll. We will work with Indigenous rights holders to ensure that rights of Indigenous persons are upheld throughout this process and that we are in alignment with the 10 draft principles that guide the Province of B.C.'s relationship with Indigenous peoples.

COMMUNICATION DURING THE TRANSITION

TRANSITION MESSAGING: PHASE 1-2 (EARLIEST END DATE JUNE 30)

Objectives of this phase include to gradually lift restrictions, while monitoring for any changes in serious illness and hospital capacity, recognizing that the latter are lagging indicators. As more and more people get the COVID-19 vaccine -the definitive intervention– the risk of serious illness and spread decline. We have already seen this happen, and we expect the trend to continue. In the interim, we will be monitoring carefully. While our vaccination rates continue to increase above 70%, the following measures are encouraged so that we can return to usual societal functioning.

- Encourage everyone who is eligible to get the vaccine
 - Getting vaccinated is the most important tool supporting the Restart Plan
 - Thank everyone who has protected their community by getting the COVID-19 vaccine
 - Encourage those who haven't yet had the first dose to get it, and those who are able to get their second dose for optimum long term protection
 - Continue to track vaccination rates across the province, regions and locally, and conduct active outreach for vaccination as needed
 - Recognize that for a variety of reasons not every eligible British Columbian will be vaccinated
 - We will continue to improve access to make sure everyone who wants to can get fully vaccinated, including conducting active outreach
 - Frame vaccination as the pathway back to normalcy

- Be thoughtful with social interactions, maximizing ventilation and minimizing crowding/mixing where feasible
 - Have social interactions with small groups of people outdoors as much as possible
 - Proceed step-wise toward larger indoor gatherings, with safety protocols
- Personal precautions as advised during Steps 1 and 2
 - Masks continue to be required indoors in Steps 1 and 2
 - Masks continue to not be required outdoors
 - Usual healthy practices– washing hands, staying home when sick
 - Physical distancing measures still apply
- Promote healthy practices in the workplace
 - Promote healthy practices in the workplace to prevent infection including washing hands, and staying home when sick
 - Continue to maintain physical barriers such as plexiglass dividers
 - Pre-emptive isolation/restrictions may be eased as part of workplace safety plans when travelling from another region/area
- Monitor COVID-19 vaccine uptake, serious illness and capacity of the health care system
 - Public health will continue to monitor COVID-19 vaccinations, hospitalizations, ICU admissions and mortality

MOVING BACK TO NORMAL – PHASE 3 & BEYOND (EARLIEST START DATE JULY 1)

OBJECTIVE: The objective of these phases is to move our society back to usual functioning including usual social contacts. Our strategy to prevent COVID-19 transmission is shifting due to widespread vaccination in B.C. As vaccination levels increase, we expect COVID-19 transmission to decrease and more importantly, serious infections to be uncommon. COVID-19 is a virus that is unlikely to be eliminated from the population. However, COVID-19 can be managed in a similar manner to other common respiratory infections. Restrictive public health orders will be removed and public health will provide recommendations to prevent infections. Immunization and general prevention measures are the sustainable tools we have that can make everyone less susceptible to getting COVID-19 or experiencing serious outcomes.

The criteria identified for this stage include having over 70% of B.C.'s population vaccinated with at least one dose of vaccine, along with declining serious illness and hospitalizations. Everyone will be encouraged to get two doses of vaccine for optimal individual and population protection. Public health will continue to be vigilant for local increases in COVID-19 infections, so these can be identified and managed quickly. We will need to make sure that the health care resources are available for the small proportion of COVID-19 cases that may require hospitalization, as well as continue to respond quickly to all non-COVID-19 infections.

We also recognize that the pandemic and related restrictions have taken a significant toll on people in B.C. and that we are in a journey of recovery for society. We can all build from what we have learned from the past year to prevent infections of all types and create healthy environments, including healthy workplaces. We will encourage key practices for infection prevention that will prevent a number of different types of communicable disease and keep us healthy overall (such as handwashing, staying home when ill and other precautions). We are able

to move away from mandatory mask rules as most of the population will have one dose of vaccine and many will have two doses. This means that the risk of widespread transmission will be significantly less likely. We will continue to encourage everyone to get a second dose of vaccine, recognizing that vaccines may need to be adjusted in the future if the virus changes substantially over time. We will monitor and respond to all health issues as they arise with strong and responsive public health networks.

The following KEY MESSAGES are intended for community settings. Specific recommendations will be provided for health care settings.

- Continue to make VACCINATION ACCESS a priority.
- Encourage everyone who is eligible to get FULLY VACCINATED.
- Use EVERYDAY HEALTHY PRACTICES to prevent infections of all types (i.e. regular handwashing, respiratory hygiene, staying home and isolating when feeling sick, such as with fever, cough or diarrhea)
- PRIORITIZE FRESH AIR – when possible, have social interactions and events outdoors
- PROMOTE HEALTHY WORKPLACES by building strong workplace health and safety plans and practices, including infection prevention
- Public health will be conducting ONGOING MONITORING AND SURVEILLANCE to respond quickly to COVID-19 outbreaks and resurgences, track serious illness and hospitalizations, and assess how our society is recovering overall (e.g. social determinants, mental health, substance use)

CONTINUE TO DO

- Encourage everyone to get all recommended doses of vaccine
- Encourage everyone to use healthy practices (i.e. handwashing, staying home when sick).
- Respiratory infections can spread more easily indoors. Optimize indoor air quality through natural and mechanical ventilation and maximize use of space.
- Increase the size of and reduce restrictions on gatherings and events, while following public health guidance for reducing risks
- Employers should continue to support employees to stay home when ill (i.e. by implementing enabling policies, such as flexible work from home options, ensuring workplace coverage etc.).
- Employees should continue to do their own health checks and not come to work when sick.
- Additional precautions (such as masks, barriers and physical distancing) may be necessary for specific settings as/when designated by the regional Medical Health Officer or Provincial Health Officer.

NO LONGER REQUIRED:

With widespread vaccination, the following are no longer required by public health, unless local circumstances warrant such measures:

- Move away from COVID-19 specific safety plans to general workplace health and safety plans, including maximizing airflow and use of space
 - COVID-19 specific safety plans are no longer required in most settings

- Limiting occupancy based on physical distancing requirements will no longer be required except for specific settings.
 - Recommend resuming at 50% capacity indoors for specific settings (nightclubs, casinos, large stadiums) as of July 1. If the present trajectory continues, can anticipate a full re-opening of all settings on BC day.
 - No physical distancing limits on outdoor gatherings.
- Use of plexiglass, physical distancing markers, other physical distancing measures and entrance signage are not required at this time for most workplaces unless designated by the regional Medical Health Officer or Provincial Health Officer.
- Masks are not required unless used routinely in the workplace prior to the pandemic or for specific workplaces where this has been identified as an ongoing need by the regional Medical Health Officer or Provincial Health Officer.
- Return to routine cleaning procedures
- Employer mandated health checks will no longer be required.
- Quarantine when travelling within B.C. and other parts of Canada is not required for personal or work reasons
 - Pre-emptive isolation is not required when travelling to or from a worksite
- Masks are a personal choice but will not be required
 - Masks continue not to be required in outdoor settings.
- Physical distancing will not be required
- Providing proof of vaccination to participate in social or work activities is not required (except if routinely required, such as health care settings)
 - Requiring people to provide evidence of vaccination status is not recommended
- Children under age 12 have a low risk of infection and serious illness and are not a significant source of community transmission of COVID-19.
 - There are no additional requirements for children under 12 (i.e. masks, physical distancing), aside from the K-12 guidelines for school settings which will be finalized in the fall
- Advice regarding international travel should be obtained from the Public Health Agency of Canada

RESPONDING TO OUTBREAKS AND CLUSTERS OF COVID-19 AND PREPARING FOR THE FALL AND WINTER SEASONS

Public health regularly monitors and responds to communicable diseases like COVID-19. Public health will continue communicable disease control practices, including routine surveillance and monitoring, preparing for and managing outbreaks and communicating with the public. Medical health officers in B.C. are responsible for assessing the health status of the community, making recommendations for strategies to address health issues and implementing immediate actions when necessary to protect the health of the public.

Local outbreaks of COVID-19 are expected to occur in some areas or settings, similar to other communicable diseases. Strong public health measures such as monitoring, testing and contact

tracing protocols have an important role to play. Public health will continue to actively track and respond to communicable diseases like COVID-19 through our existing public health system and infrastructure, particularly during the next respiratory illness season. While additional waves of COVID-19 may occur, with immunization, these are likely to be less impactful on our population and cause less serious illness.

Public health will:

- Monitor cases of COVID-19 in your community and region and track serious illness (i.e. hospitalizations, ICU admissions)
- Begin preparations for anticipated increases in COVID-19 and other respiratory infections in the fall and winter.
 - Ensure excellent sentinel surveillance during the next respiratory illness season for influenza like illness (ILI) and for monitoring severe respiratory illness in hospitals.
 - Ensure sufficient public health capacity for following up and curtailing outbreaks and chains of infections
 - Continue to monitor COVID-19 transmission (including variants of concern)
- Recommend testing for COVID-19 when it is required to manage an outbreak
 - Point-of-care testing for people without symptoms has been used for rapid screening in some settings to detect and control outbreaks, however this testing is less accurate and can miss people who have COVID-19. Thus, POC testing is likely to be used only in select circumstances and will not be a usual part of public health practice going forward.
- Put measures in place quickly to control community transmission on a local and regional level
 - Continue best public health practice for diminishing risk of respiratory agent transmission in vulnerable settings
 - Some measures that we have experienced during COVID-19 may be recommended at times, however these interventions will be specific for local areas and settings based on the data and evidence based practice and will be time limited in nature.

PHO Orders – Proposed Changes for July 1, 2021

Draft June 22, 2021

Gatherings and Events Order

Restrictions lifted on

1. Personal gatherings in private residences and vacations accommodations
2. All events, except for
 - a. Inside seated venues (e.g. stadiums, arenas, conference halls, theatres and venues that provide large banquets such as hotels and banquet halls) can operate at full capacity up to a maximum of 1000 people or 50% of their total capacity (whichever is larger). Distancing between spectator groups is not required but venues should use all available space. Masks are not required. Houses of worship would have no restrictions, irrespective of size.
 - b. Outdoor seated venues (e.g. stadiums, concert venues) can operate at full capacity up to a maximum of 5000 people or 50% of their total capacity (whichever is larger). Distancing between spectator groups is not required but venues should use all available space. Masks are not required.
 - c. Nightclubs can operate with patrons seated at tables up to 10 people. Patrons must remain seated except to go to the washroom or pick up drinks. Socializing between tables and wandering around will not be allowed. Tables should be 2m from other tables. Masks are not required.
3. Sporting events
4. Exercise e.g. fitness studios, gyms
5. Perimeter seating buses and vehicles e.g. party buses
6. Retail businesses e.g. capacity limits, signage
7. Episodic markets e.g. farmers markets, craft markets
8. Worship services (subject to confirmation from faith leaders)
9. Casinos can operate according to the safety plan that has been submitted to the PHO and WorkSafeBC, which results in approximately 50% of the gaming stations being closed, with barriers in place and masks recommended but not required by public health.

Food and Liquor Serving Premises Order

10. All restrictions are lifted, except for nightclubs (see # 11 below) i.e.
 - a. Physical distancing and barriers
 - b. Requirements to be seated
 - c. Liquor service
 - d. Staffing
 - e. Number of people allowed at a table, except nightclubs (see below)
 - f. Congregation prevention
 - g. Dancing, singing, karaoke
 - h. Holding or promoting events
 - i. Masks are not required
11. Nightclubs can operate with patrons seated at tables up to 10 people. Patrons must remain seated except to go to the washroom or pick up drinks. Socializing between tables and wandering around will not be allowed. Tables should be 2m from other tables. Masks are not required.

Workplace and Post-Secondary Institution Safety Order

12. Restrictions are lifted on
 - a. Having to do health checks
 - b. Crowding together or congregating in inside common areas
 - c. Mandatory mask requirements
 - d. Requirement to post COVID-19 Safety Plans

Industrial Camps Order

13. Most restrictions are lifted i.e.
 - a. requirements for a COVID-19 infection prevention and control protocol
 - b. transportation of workers
 - c. annual inspections
 - d. daily health checks
 - e. mandatory mask wearing
 - f. quarantine upon arrival in camp
14. Requirements that will remain include
 - a. appoint an infection prevention and control co-ordinator
 - b. have a plan for ready access to, the medical, nursing and allied professional support necessary to support the management by public health of cases, clusters and outbreaks of COVID-19 among workers
 - c. have procedures for the isolation of a worker exposed to COVID-19 and ensure that a worker in isolation has the supplies, support and services the worker needs
 - d. report cases, clusters or outbreaks of COVID-19 to the medical health officer

BC Public Health Recovery Advisory Committee

Draft June 23, 2021 - Recommended Approach to Large Events in Step 3 of BC's Restart Plan

Background:

COVID19 vaccination uptake is high and has decreased severe illness and reduced transmission.

Currently, more than 75% of eligible people in BC have received at least 1 dose of COVID-19 vaccine. As we move into Step 3, all eligible people in BC will have had the opportunity to receive a dose of COVID-19 vaccine and have developed immunity. COVID-19 will then be much less likely to cause substantial incidences of severe illness and death and will have a much harder time spreading through the population.

Broad public health orders and restrictions create societal harms and are no longer the first line intervention for COVID19 control.

This means that broad measures through public health orders, such as restricting public and private events, business and workplace restrictions, mask mandates and physical distancing will no longer be necessary or efficient ways of controlling COVID-19 transmission. Instead, we will use targeted public health actions such as case isolation, contact tracing and management of clusters and outbreaks. These targeted approaches are effective, efficient and ethical because they cause considerably less harm to society than the broad measures.

Although full-scale event restrictions are not necessary to control COVID-19 transmission during Step 3, maintaining some capacity restrictions on the highest risk events may be prudent as part of a safe step-wise reopening of society.

Recommended approach:

Place restrictions only on large seated events (>1000 indoors, >5000 outdoors), night clubs and casinos on July 1st as part of a safe step-wise reopening with a plan to return to full operations in these venues without restrictions on Aug 1st, 2021, if public health conditions remain favourable.

- These event types were selected because at full capacity without restrictions participants may find themselves close to other participants for long periods of time and may not be able to distance themselves from other participants if desired.
- The maximum capacities have been selected to ensure that only the largest venues where the greatest crowding could occur will be most significantly impacted.
- No restrictions have been recommended for large events where participants are able to walk around such as fairs, festivals and trade shows because participants typically have space at these events to distance themselves from other participants if desired.

Indoor seated venues (stadiums, arenas, theatres, meeting rooms and venues that provide large banquet spaces such as hotels and banquet halls) can operate at full capacity up to a maximum of 1000 participants or 50% of their total capacity (whichever is larger). Distancing between participants is not required but venues should use all available space. Masks are not required. If public health conditions related to COVID-19 remain favourable, restrictions on these venues can be lifted Aug1, 2021.

Outdoor seated venues (stadiums and theatres) can operate at full capacity up to a maximum of 5000 participants or 50% of their total capacity (whichever is larger). Distancing between participants is not required but venues should use all available space. Masks are not required. If public health conditions related to COVID-19 remain favourable, restrictions on these venues can be lifted Aug1, 2021.

Night clubs can operate with patrons seated at tables up to 10 people. Patrons must remain seated except to go to the washroom or pick up drinks. Socializing between tables and wandering around will not be allowed. Tables should be 2m from other tables. Masks are not required. If public health conditions related to COVID-19 remain favourable, restrictions on these venues can be lifted Aug1, 2021.

Casinos can operate according to the safety plan that has been submitted to the PHO and WorkSafeBC, which results in approximately 50% of the gaming stations being closed, with barriers in place and masks recommended but not required by public health. If public health conditions related to COVID-19 remain favourable, restrictions on these venues can be lifted Aug1, 2021.

Mask recommendation for July 1st:

- Masks are no longer mandatory.
- Masks are recommended in indoor public spaces for individuals over 12 years of age who are not fully immunized.
- Proof of immunization status should not be requested by service providers.
- Please respect people's choice to wear or not wear a mask.

Advice to individuals on when to wear a mask:

- You have COVID-19 or COVID-19 symptoms and are seeking care
- You are providing assistance to somebody who has COVID-19 or COVID-19 symptoms
- You are over 12 and not yet fully immunized
- You are vulnerable to serious illness from COVID-19

Advice to workplaces:

- Now that a significant proportion of the BC population is protected through immunization, workplaces should shift their focus from prevention of COVID-19 only, to more general prevention of respiratory and other communicable diseases.
- COVID-19 control measures such as masking, physical distancing, physical barriers and capacity limits are no longer required in most workplaces.
- COVID-19 control measures can be removed gradually or incorporated into communicable disease safety plans as appropriate for the workplace.
- COVID-19 cases and clusters may still occur in workplaces. These situations will continue to be managed in collaboration with local public health experts.

1. Advice to work-camps and temporary foreign workers: pending

PHO Orders – Proposed Changes for July 1, 2021

Draft June 23, 2021

Gatherings and Events Order

Restrictions lifted on:

1. Personal gatherings in private residences and vacations accommodations
2. All events, except for
 - a. Inside seated venues (e.g. stadiums, arenas, conference halls, theatres and venues that provide large banquets such as hotels and banquet halls) can operate at full capacity up to a maximum of 1000 people or 50% of their total capacity (whichever is larger). Distancing between spectator groups is not required but venues should use all available space. Masks are not required. Houses of worship would have no restrictions, irrespective of size.
 - b. Outdoor seated venues (e.g. stadiums, concert venues) can operate at full capacity up to a maximum of 5000 people or 50% of their total capacity (whichever is larger). Distancing between spectator groups is not required but venues should use all available space. Masks are not required.
 - c. Nightclubs can operate with patrons seated at tables up to 10 people. Patrons must remain seated except to go to the washroom or pick up drinks. Socializing between tables and wandering around will not be allowed. Tables should be 2m from other tables. Masks are not required.
3. Sporting events
4. Exercise e.g. fitness studios, gyms
5. Perimeter seating buses and vehicles e.g. party buses
6. Retail businesses e.g. capacity limits, signage
7. Episodic markets e.g. farmers markets, craft markets
8. Worship services
9. Casinos can operate according to the safety plan that has been submitted to the PHO and WorkSafeBC, which results in approximately 50% of the gaming stations being closed, with barriers in place and masks recommended but not required by public health.

Food and Liquor Serving Premises Order

10. All restrictions are lifted, except for nightclubs (see # 11 below) i.e.
 - a. Physical distancing and barriers
 - b. Requirements to be seated
 - c. Liquor service
 - d. Staffing
 - e. Number of people allowed at a table, except nightclubs (see below)
 - f. Congregation prevention
 - g. Dancing, singing, karaoke
 - h. Holding or promoting events
 - i. Masks are not required
11. Nightclubs can operate with patrons seated at tables up to 10 people. Patrons must remain seated except to go to the washroom or pick up drinks. Socializing between tables and wandering around will not be allowed. Tables should be 2m from other tables. Masks are not required.

Workplace and Post-Secondary Institution Safety Order

12. Restrictions are lifted on:
 - a. Having to do health checks
 - b. Crowding together or congregating in inside common areas
 - c. Mandatory mask requirements
 - d. Requirement to post COVID-19 Safety Plans

Industrial Camps Order (consultation initiated)

13. Most restrictions are lifted i.e.:
 - a. requirements for a COVID-19 infection prevention and control protocol
 - b. transportation of workers
 - c. annual inspections
 - d. daily health checks
 - e. mandatory mask wearing
 - f. quarantine upon arrival in camp
14. Requirements that will remain include:
 - a. appoint an infection prevention and control co-ordinator
 - b. have a plan for ready access to, the medical, nursing and allied professional support necessary to support the management by public health of cases, clusters and outbreaks of COVID-19 among workers
 - c. have procedures for the isolation of a worker exposed to COVID-19 and ensure that a worker in isolation has the supplies, support and services the worker needs
 - d. report cases, clusters or outbreaks of COVID-19 to the medical health officer

TITLE: Recommended Approach to Move Forward to Step 4 of BC's Restart Plan

DATE: July 11, 2021

PREPARED BY: BC Public Health Advisory Recovery Committee

PURPOSE: To inform decision regarding the timing of moving to Step 4 of BC's Restart Plan

BACKGROUND:

COVID-19 vaccination uptake is high and increasing. This has resulted in decreasing case counts low levels of hospitalization and death, and much lower risk of transmission. Community transmission is now highly unlikely.

All eligible individuals in BC have been offered an opportunity for vaccination, which has strong evidence of effectiveness for individual and population protection from COVID-19. Close to 80% of eligible people in BC have received at least one dose of COVID-19 vaccine, and over 44% are fully vaccinated.

International and BC data show that partial (one dose) as well as full (two doses) immunization offer substantial protection against serious COVID-19 illness, including against variants, and substantially reduces household transmission. In an immunized population, COVID-19 will be much less likely to cause severe illness and death and people with COVID-19 will be much less likely to transmit. All eligible people in BC will continue to have the opportunity to be protected via vaccination. As such, we have met the identified criteria to move into Step 4 with confidence.

Comparable jurisdictions lifting public health restrictions have seen an uncoupling of COVID-19 cases from serious illness. COVID- activity can now be managed regionally by public health.

Data from BC, as well as jurisdictions with comparable vaccine coverage (including other Canadian provinces such as Alberta and Saskatchewan, and internationally), show a reduction in serious COVID-19 illness, including ICU admissions and mortality, as public health restrictions are being lifted. In BC, hospitalizations decreased by 20% over the first week of Step 3 of the Restart. In the UK, while COVID-19 cases have increased with the lifting of restrictions, serious illness and mortality have remained low. Available data suggest that in populations with high vaccine coverage, COVID-19 causes predominantly mild to moderate illness, while serious COVID-19 outcomes are uncommon. This indicates that COVID-19 restrictions can continue to be lifted, and that COVID-19 transmission can be managed through usual public health measures. Lifting of restrictions will enable resumption not only of economic activity but also of social services, primary care, and full primary, secondary and post-secondary education. Public health will maintain capacity to continue to closely monitor and manage outbreaks of COVID-19 regionally.

Broad public health orders and restrictions create societal harms and are no longer necessary or justified as interventions for COVID-19 control.

This means that broad measures through public health orders, such as restricting public and private events, business and workplace restrictions, mask mandates and physical distancing are no longer necessary or efficient ways of controlling COVID-19 transmission. Instead, we must target public health actions with immunization and when needed case isolation, contact tracing and management of clusters and outbreaks. These targeted approaches are effective, efficient and ethical because they cause considerably less harm to society than the broad measures.

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Supporting COVID-19 pandemic response goals and promoting health across the population

Goals of the pandemic response remain to 1) reduce serious disease 2) protect the health care system 3) minimize social disruption. Epidemiological and health system data show that we are continuing to accomplish the first two goals as restrictions are being eased. Thus, moving forward with BC's Restart Plan will assist in accomplishing the third goal of reducing societal disruption and ongoing effects of pandemic response measures. This will be important particularly as BC prepares to enter into a new school year and post-secondary institutions are set to resume in the fall of 2021, which are essential environments to support the health and well-being of children and young adults.

OPTIONS:



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- Lift PHO orders for 'must be seated, no dancing' limits
- Lift capacity limits on casinos

B. Secondary recommendation - Move to Step 3b below, with partial easing of restrictions on S.13 with progression to Step 4 on Sept. 7, 2021

Rationale:

- This option does enable the public to transition to some usual activities during the summer

Considerations:

- This option maintains restrictions past the time when they are necessary to control disease
- Adds complexity and continued challenges with explaining rationale for continued restrictions
- Change in COVID-19 restrictions will coincide with return to school, re-opening of post-secondary institutions, return to work from summer, ramp up for need for services and beginning of respiratory season.

In **Step 3b**, the following restrictions would be lifted:

- Lift all restrictions on restaurants, nightclubs, pubs and bars.
- No restrictions on dancing, standing up or moving between tables.
- Masks continue to be recommended for those over 12 until fully immunized.

In **Step 3b**, the following restrictions are recommended:

Place restrictions only on large seated events (>1000 indoors, >5000 outdoors) on S.13 as part of a safe step-wise reopening with a plan to return to full operations in these venues without restrictions on S.13

These event types were selected because at full capacity without restrictions participants may find themselves close to other participants for long periods of time and may not be able to distance themselves from other participants if desired.

The maximum capacities have been selected to ensure that only the largest venues where the greatest crowding could occur will be most significantly impacted.

No restrictions have been recommended for large events where participants are able to walk around such as fairs, festivals and trade shows because participants typically have space at these events to distance themselves from other participants if desired.

- ***Indoor seated venues*** (stadiums, arenas, theatres, meeting rooms and venues that provide large banquet spaces such as hotels and banquet halls) can operate at full capacity up to a maximum of 1000 participants or 75% of their total capacity (whichever is larger). Distancing between participants is not required but venues should use all available space. Masks are not required. Must be seated rule lifted, and dancing is allowed.

- **Outdoor seated venues** (stadiums and theatres) can operate at full capacity up to a maximum of 5000 participants or 75% of their total capacity (whichever is larger). Distancing between participants is not required but venues should use all available space. Masks are not required.

Casinos can operate at 50% or their permitted capacity, rather than the current approximately 20% sector wide permit occupancy. They would still follow other aspects of the safety plan that has been submitted to the PHO and WorkSafeBC. Barriers would remain in place and masks recommended but not required. This would allow most, if not all gaming stations to be opened, rather than the current status, which results in approximately 50% of the gaming stations being closed.

Masks would continue to be recommended for people over age 12 who are not fully immunized in indoor public spaces.

BC Public Health Recovery Advisory Committee

Recommended Approach to Large Events in Step 3 of BC's Restart Plan

Background:

Currently, more than 75% of eligible people in BC have received at least 1 dose of COVID-19 vaccine. As we move into Step 3, all eligible people in BC will have had the opportunity to receive a dose of COVID-19 vaccine and have developed **s.13** COVID-19 will then be much less likely to cause severe illness and death and will have a much harder time spreading through the population.

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This means that broad measures such as public health orders, ~~mask mandates and physical distancing~~ will no longer be necessary ~~or efficient ways of~~ for controlling COVID-19 transmission. Instead, we will use targeted public health actions such as case isolation and contact tracing. These targeted approaches ~~are effective, efficient and cause considerably less harm to society than the broad measures.~~

~~Before restrictions were put in place in March 2020, large gatherings and events were high risk situations for COVID transmission. As noted above these risks are much reduced though vaccination, however. Although event restrictions may not be necessary to control COVID-19 transmission during Step 3, maintaining restrictions on the highest risk events- activities may be prudent as part of a safe step-wise reopening of society.~~

~~It is noted that certain factors may cause re-consideration or rolling back of re-opening measures, particularly in the fall season when indoor gatherings are more prevalent than outdoor gatherings, thus posing greater risk of transmission. As such, continued monitoring of variables such as, but not limited to, COVID variants, hospitalization and death rates (both due to COVID and other respiratory pathogens expected in the fall/winter season), shifts in age ranges experiencing serious outcomes, and immunization rates will determine if sub-regional, regional and/or provincial responses are needed among select or all sectors of the economy. Contingency planning is needed in order to be prepared for potential resurgence.~~

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Recommended approach:

Place restrictions on large seated events (>1000 indoors, >5000 outdoors), night clubs and casinos* on July 1st as part of a safe step-wise reopenings **s.13**

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Indoor seated venues (eg. stadiums, arenas, theatres and banquet halls) can operate at full capacity up to a maximum of 1000 people or **s.13** , with an exemption below gatherings of 250. Dancing is not permitted. Distancing between spectators groups is not required but venues should use all available space, and may choose to maintain existing behavioural prompts for lineups, one directional flow, others as appropriate. Masks are not required, but remain recommended in crowded areas, or as a matter of personal choice. **s.13**

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Outdoor seated venues (eg. stadiums and theatres) can operate at full capacity up to a maximum of 5000 people or 50% of their total capacity (whichever is ~~larger~~smaller). **s.13**

s.13 Distancing between spectator groups is not required but venues should use all available

space and may choose to maintain existing behavioural prompts for lineups, one directional flow, or others as appropriate. Masks are not required but remain recommended in crowded areas, or as a matter of personal choice. s.13

Night clubs can operate with patrons seated at tables up to 10 people. Tables should be 2m from other tables. Dancing is not permitted. Masks are not required but remain recommended in crowded areas, or as a matter of personal choice. s.13

Casinos can operate at 50% capacity. Dancing is not permitted. Masks are not required but remain recommended in crowded areas, or as a matter of personal choice. s.13

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**These event types were selected for more restricted measures, because at full capacity without restrictions participants may find themselves close to other participants for long periods of time and may not be able to distance themselves from other participants if desired. The maximum capacities have been selected to ensure that only the largest venues where the greatest crowding could occur will be most significantly impacted.* s.13

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