

## vaccination passport: cosmetic procedures

---

From: Benjamin Gelfant MD <info@drgelfant.com>  
To: bonnie.henry@gov.bc.ca, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 3:30:20 PM PDT  
Attachments: PastedGraphic-1.tiff, image003.jpg, image002.jpg, image001.jpg

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dear Dr. Henry;

First, my strong personal support for your enduring efforts in the arduous and lengthy process you are engaged.

I am seeking guidance and perhaps providing some input.

I am a plastic surgeon, now also a senior citizen, practising nearly all my career here in Vancouver.

Safety has always been of particular interest to me.

Last week, on return from a vacation ( here), I began to put in place a policy of seeing only vaccinated patients for elective, cosmetic procedures, both surgical and non-surgical.

This would not include necessary surgery, such as skin cancers, which are also part of my scope of practice. There was immediate and strong pushback. As I am sure you know, some of it vitriolic. I consulted with the CMPA and with the College. The College's response was unhelpful citing the relevant policy but without interpretation. The CMPA was concerned I was on uncertain ground and I have since backed up, suggesting Ag testing...which is not easily accessible. Shopper's drugs are offering screening in Ontario and Alberta but not here at present. traveller's clinics are charging fees of up to \$300 for a test costing \$10. I do not have staffing to administer testing.

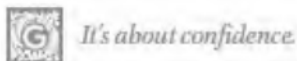
Your announcement of a vaccination passport today is reassuring. However I think the case scenario I describe - unnecessary cosmetic matters - are an unnecessary point of potential transmission. While universal precautions still apply, I believe we can and should do more, and that this sector ought to be included in those requiring proof of vaccination. Those who are resistant to vaccination can get vaccinated if they want treatment, and only a suitable wait period will delay their assessment and treatment.

Your thoughts?

Once again, my sincere thanks for the efforts of you and all your staff

Sincerely,

Benjamin Gelfant MD FRCSC  
Plastic Surgeon  
#100-1333 west Broadway  
Vancouver BC  
Canada  
V6H 4C1



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## **RE: Vaccination checking rules for BC place with open versus closed roof**

---

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
To: Northey, Krystal GCPE:EX <Krystal.Northey@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>  
Sent: August 23, 2021 3:36:10 PM PDT

PS My view is that it would be and inside event, even if the roof is open, because there is a lot of inside space in the corridors, concession areas, washrooms etc.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX

**Sent:** August 23, 2021 3:31 PM

**To:** Northey, Krystal GCPE:EX <Krystal.Northey@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>

**Subject:** RE: Vaccination checking rules for BC place with open versus closed roof

That is a great question.

I am not sure if BC Place, with an open roof, would be considered outside or inside.

Will have to leave this one to Bonnie, who has recently been there, to answer. I am not sure if the roof was open or closed for the Lions and Whitecaps games.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Northey, Krystal GCPE:EX <[Krystal.Northey@gov.bc.ca](mailto:Krystal.Northey@gov.bc.ca)>

**Sent:** August 23, 2021 2:28 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Cc:** Machell, Aileen GCPE:EX <[Aileen.Machell@gov.bc.ca](mailto:Aileen.Machell@gov.bc.ca)>; Nelson, Tiffany GCPE:EX <[Tiffany.Nelson@gov.bc.ca](mailto:Tiffany.Nelson@gov.bc.ca)>

**Subject:** Vaccination rules BC place

Hi Dr. Emerson,

Hope you're doing well.

Do you know the answer to the below media inquiry?

Many thanks,

Krystal

**Reporter**

Amir Ali, Reporter

The Daily Hive - Vancouver

[amir@dailyhive.com](mailto:amir@dailyhive.com)

236-982-0161

**Deadline** ASAP

**Request**

I'd really appreciate a quick response on this, but somehow this slipped the conference.

In regards to the BC vaccine card, when it comes to indoor ticketed events, does BC Place, with an open roof, apply?

## **Recommendation**

## **Background**

## Mandatory-Vaccination - UFCW Local 1518

---

From: Shelly Hallman <SHallman@ufcw1518.com>  
To: bonnie.henry@gov.bc.ca, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>  
Cc: Minister, HLTH HLTH:EX <HLTH.Minister@gov.bc.ca>  
Sent: August 23, 2021 3:51:43 PM PDT  
Attachments: image001.png, 210823-DBH-Mandatory-Vaccination.pdf

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Good afternoon,  
Please find the attached letter sent on behalf of Kim Novak, UFCW 1518.  
Thank you.

\_\_\_\_\_  
Shelly Hallman  
Administrative Assistant to the President  
She / her



P 604.526.1518 EX 4871  
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August 23, 2021

**Letter to Public Health Officer Dr. Bonnie Henry: Protect Essential Workers in the Fourth Wave of the COVID-19 Pandemic**

Dear Dr. Henry,

As the union for tens of thousands of grocery, retail, café, and cannabis workers in British Columbia, we are concerned that these workplaces were not included in today's announcement regarding mandatory vaccinations for members of the public entering particular businesses. While we are pleased that today's order will lead to a higher overall vaccination rate, we would like to see greater protections extended to these essential workplaces.

Since the mandatory mask mandate ended in July, our members have reported a significant increase in the number of unmasked customers they interact with daily at work. Disturbingly, many members have told us that they have had encounters with unmasked members of the public who tell them that they are unvaccinated and intend to stay that way.

With today's orders barring the unvaccinated from restaurants and many public spaces, we can expect that grocery stores will see a higher proportion of unvaccinated people. This is what happened when COVID-19 restrictions closed businesses across the public – people flocked to grocery stores for supplies and to have a break from isolation. Many large grocery stores also have cafes, small restaurants, and seating areas, further increasing the risk to grocery workers.

To mitigate the additional risk that workers in these industries will face, we ask that you **reinstate the mask mandate for grocery stores, cafes, and other retail environments**. Furthermore, we believe it is time to **reinstate crowd control measures in stores**, such as wayfinding arrows, to minimize the exposure risk in stores.

Essential workers should have the same expectation of safety as workers in non-essential industries. Reinstating the simple measures that helped keep these workers safe during previous waves of the pandemic will help them to safely serve the public during what is hopefully the last surge of the COVID-19 crisis.

Yours truly,



Kim Novak  
President, UFCW 1518

cc: Hon. Min. Adrian Dix

## RE: Office of the Seniors Advocate - Current Outbreaks in IH

From: Daly, Patty [VCH] <Patricia.Daly@vch.ca>  
To: Parker, Dr. Rob [IHA] <Rob.Parker@interiorhealth.ca>, Kim, Jong [NHA] <Jong.Kim@northernhealth.ca>, Tyler, Ingrid [FH] <ingrid.tyler@fraserhealth.ca>, Fyfe, Murray W. (Dr) [VIHA] <Murray.Fyfe@viha.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, XT:HLTH Fyfe, Murray <murray.fyfe@viha.ca>  
Cc: Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>, Sabet, Fatemeh [IHA] <Fatemeh.Sabet@interiorhealth.ca>, Stajduhar, Linda [IHA] <Linda.Stajduhar@interiorhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, XT:HLTH Stajduhar, Linda <linda.stajduhar@interiorhealth.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: August 23, 2021 4:02:18 PM PDT  
Attachments: image001.jpg

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Rob – we have been dealing with detailed data requests from the OSA for several months with respect to past outbreaks in LTC as she is doing a report on the 25 “worst” LTC outbreaks since the start of the pandemic. We have been working together on our response, including to requests for data – and I would recommend we do the same for requests like this. I would suggest we add to the agenda for Wed’s meeting.

**Patricia Daly, MD, FRCPC**

Vice-President, Public Health & Chief Medical Health Officer

Vancouver Coastal Health

office 604 675 3924

e-mail [patricia.daly@vch.ca](mailto:patricia.daly@vch.ca)

**Erika Bell**

Executive Assistant

office 604 675 3918

e-mail [erika.bell@vch.ca](mailto:erika.bell@vch.ca)

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations.

The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

**From:** Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>

**Sent:** Monday, August 23, 2021 3:12 PM

**To:** Daly, Patty [VCH] <Patricia.Daly@vch.ca>; Kim, Jong [NHA] <Jong.Kim@northernhealth.ca>; Tyler, Ingrid [FH] <ingrid.tyler@fraserhealth.ca>; Fyfe, Murray W. (Dr) [VIHA] <Murray.Fyfe@viha.ca>

**Cc:** Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Sabet, Fatemeh [IHA] <Fatemeh.Sabet@interiorhealth.ca>; Stajduhar, Linda [IHA] <Linda.Stajduhar@interiorhealth.ca>

**Subject:** FW: Office of the Seniors Advocate - Current Outbreaks in IH

**Importance:** High

Please see request below.

I just was wondering if any of the other 4 RHAs were getting asked recently by the OSA, for this level of detailed data, real-time for covid outbreaks in LTC facilities?

I realize we in IHA may have had more such outbreaks recently as first region in with increased delta variant circulation.

s.13

Happy to hear others thoughts, PHO guidance, and if you in the 4 RHAs have seen similar requests recently from the OSA.

Rob

**From:** Eames, Angela HLTH:EX <Angela.Eames@gov.bc.ca>

**Sent:** Monday, August 23, 2021 2:51 PM

**To:** Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>; Sabet, Dr. Fatemeh <Fatemeh.Sabet@interiorhealth.ca>

**Cc:** Stajduhar, Linda <[Linda.Stajduhar@interiorhealth.ca](mailto:Linda.Stajduhar@interiorhealth.ca)>

**Subject:** Office of the Seniors Advocate - Current Outbreaks

**Importance:** High

Hello Dr. Parker and Dr. Sabet,

I hope you are both well. In Dr. Pollock's absence I am wondering if either of you could help with the request below?

Much appreciated, Angela

**Angela Eames** | A/Research Officer

Office: 236-478-3663 | Fax: 250.952.2970



6th Floor, 1405 Douglas Street  
PO Box 9651 STN PROV GOVT  
Victoria BC V8W 2P4

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**From:** Eames, Angela HLTH:EX

**Sent:** August 23, 2021 2:47 PM

**To:** XT:HLTH Pollock, Sue <[sue.pollock@interiorhealth.ca](mailto:sue.pollock@interiorhealth.ca)>

**Subject:** Office of the Seniors Advocate - Current Outbreaks

**Importance:** High

Hello Dr. Pollock,

I hope you are having a good start to the week and appreciate all the information you continue to provide our office. I have also been asked by Ms. Mackenzie to obtain the below information for the new outbreak at Hardy View Lodge and about the deaths that have occurred over the weekend in Interior Health. Please distribute to the appropriate MHO as necessary.

Who was the first identified case: resident, staff or visitor?

Were COVID-19 positive resident(s) vaccinated?

If yes, with both doses?

Was the resident(s) asymptomatic?

Were COVID-19 positive staff members vaccinated?

If yes, with both doses?

Does the site provide rapid antigen testing to their staff?

If yes, was this helpful to identify staff cases?

Vaccination rate of residents?

Vaccination rate of staff?

In regards to the new deaths at Brookhaven, Cottonwoods, David Lloyd Jones, and Nelson Jubilee can you (or appropriate MHO) advise:

If all individuals that passed away were fully vaccinated?

Are there any other relevant details (pre-existing conditions, etc) about these individuals who passed away?

Our thoughts go out to all the staff and residents impacted by these losses.

We would appreciate this information as soon as possible however acknowledge how busy your staff are.

Thanks, Angela

**Angela Eames** | A/Research Officer

Office: 236-478-3663 | Fax: 250.952.2970



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## RE: Covid19 novavax vaccine

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: B Smith <s.22>  
Sent: August 23, 2021 4:36:01 PM PDT

Unfortunately Novavax has not yet completed their phase 3 trials and has been having production difficulties so is not yet available anywhere in the world. We remain hopeful it will come soon but not likely before the late fall.

My best,

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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-----Original Message-----

From: s.22 >  
Sent: August 23, 2021 3:51 PM  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: s.22 >  
Subject: Covid19 novavax vaccine

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Greetings: I have been waiting patiently for novavax vaccine to come out for the covid19 virus. When is this vaccine going to be available in Burnaby b.c. s.22

Sent from my iPad



## FW: School Boards throughout BC

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>  
Sent: August 23, 2021 5:09:16 PM PDT

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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-----Original Message-----

From: s.22 <s.22>  
Sent: August 23, 2021 1:54 PM  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Subject: School Boards throughout BC

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good Afternoon Dr. Henry;

Just watched your very helpful broadcast on Global this afternoon and I have a question - what about the staff of schools? Shouldn't they all have to be double vaccinated before resuming teaching or working in the school offices?? Setting an example to the kids and their families is a critical part of an educators job surely! If this issue was addressed today I missed it - Thank you in advance for your response - I have urgent need of this information...

s.22

Nanaimo

Sent from my iPad

## FW: FOR APPROVAL: Updated K-12 Guidance

From: McKee, Geoffrey [BCCDC] <geoffrey.mckee@bccdc.ca>  
To: Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: August 23, 2021 5:44:34 PM PDT  
Attachments: FINAL DRAFT - Public Health Guidance K-12 Schools - August 23.docx

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Bonnie,  
Bringing this to the top of your inbox.  
I'm available all evening if you have any questions ( s.22 .  
Thanks!  
Geoff

---

**From:** McKee, Geoffrey [BCCDC]  
**Sent:** Monday, August 23, 2021 3:28 PM  
**To:** Henry, Bonnie [EXT]; Gustafson, Reka [BCCDC]  
**Cc:** Emerson, Brian [EXT]; Docking, Christie M HLTH:EX  
**Subject:** FOR APPROVAL: Updated K-12 Guidance  
**Importance:** High

Hi Bonnie and Reka,

Please find attached the final draft of the K-12 Guidance document. This has received a few minor updates since the last version was circulated on Friday, including some minor changes to the Mask section that aligns the recommendation with the proposed masking order, but also encourages masking for 9-11 year olds in grades 4,5, and 6 to help support EDUC's decision to implement masking grades 4 and up. I also recognize that there may need to be some last minute wording changes related to the Masking order but figure this would likely be minor wordsmithing. I included a sentence in the mask section that referenced that any provincial orders supersede this guidance.

Given the press briefing is scheduled for 9:30AM tomorrow, we are hoping to publish the updated guidance and our associated web content at the same time. Once we get your approval on this version we will move forward with posting in the morning.

Also cc'd Brian in case this would be helpful when finalizing the mask order.

Thanks,

Geoff

**Geoff McKee, MD MPH FRCPC**

Medical Director

Population & Public Health

BC Centre for Disease Control

Provincial Health Services Authority

I respectfully acknowledge that I live, work, and play on the unceded traditional territories of the Coast Salish peoples – Skwxwú7mesh (Squamish), Selilwitulh (Tsleil-Waututh), and xʷməθkʷəy̓əm (Musqueam) Nations



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Public Health Communicable Disease Guidance for K-12 Schools

August 24, 2021

### Key Messages

- This document outlines the prevention measures recommended for public, independent, and First Nations K-12 schools in B.C. to reduce the risk of communicable diseases, including COVID-19, in K-12 schools.
- Schools continue to be considered low-risk settings for COVID-19 transmission, particularly in the context of a highly immunized population.
- Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19. School exposures are more likely in communities with lower vaccination uptake/greater community risk.
- Local Medical Health Officers may recommend regional prevention measures during times of increased community risk.

### Introduction

This document provides guidance for educators, administrators, and support staff (hereafter referred to as staff) at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools of what infection prevention and exposure control measures should be implemented during the 2021-22 school year to prevent the spread of communicable diseases, including COVID-19. It also outlines how public health expects to manage COVID-19 cases impacting schools, if and when they occur.

Our experience in B.C. during the 2020-21 school year, which aligned with evidence gathered nationally and internationally, saw schools as lower-risk sites for COVID-19 transmission when infection prevention and exposure control measures (also called prevention measures) were in place. Various surveys, including the COVID-19 SPEAK survey from BCCDC, have reported that school-aged children have been negatively impacted by the pandemic, including worsened wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts. Enabling children to return to closer-to-normal learning, recreational and social activities is an important pandemic recovery action. Both risks and benefits of preventive measures were considered in the development of this guidance. An evidence summary is included as Appendix A.

With the B.C. population highly immunized, there is significantly greater community protection against COVID-19, including against variants of concern detected in B.C. Variants spread the same way as the original COVID-19, which means established prevention measures continue to protect against it. As of when this guidance was published, the



Ministry of  
Health



BC Centre for Disease Control

Delta variant was the most commonly detected variant in B.C. While the Delta variant appears to spread more easily, emerging evidence shows it presents the greatest risk to unvaccinated adults, with risk increasing with age. Currently, it does not appear that the Delta variant results in a greater risk of serious outcomes for children. Children continue to be at low risk for serious outcomes from COVID-19, including variants of concern detected in B.C.

With greater community protection against COVID-19, schools can return to closer-to-normal operations, with some prevention measures continuing to be in place to keep schools as lower risk settings for communicable disease transmission. While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. Because cases in schools reflect those in the community, these are more likely to occur in communities with lower vaccination uptake. However, with most people 12 and older immunized and effective prevention measures in place, exposures are less likely to lead to further transmission. Local public health officials (school medical health officers) consistently monitor cases of COVID-19 in schools and the community and will continue to offer support and guidance.

Public health will continue to review emerging evidence and monitor cases and transmission trends of COVID-19 to determine if actions should be taken to prevent or control spread, including updating this guidance.

The Ministry of Health and BC Centre for Disease Control (BCCDC) fully respect the authority of individual First Nations to make decisions about the operation of First Nations schools in the best interests of their students, schools, and communities. This includes their authority to decide if and how to use this guidance to inform planning and if and how to reopen their schools.

The Ministry of Education works with Indigenous rights holders and K-12 education and health partners to build on public health guidance to establish the [Provincial COVID-19 Communicable Disease Guidelines for K-12 School Settings](#).

The guidance in this document may not be relevant to distributed learning (including learning in non-traditional settings) or homeschooling. Administrators and leaders for those settings are encouraged to use guidance from this document, as well as guidance issued for other sectors as relevant, to reduce the risk of COVID-19 transmission in their unique environments.

BCCDC is the primary source of information about COVID-19 in B.C. Resources on the [BCCDC](#) website can be used to support learning and to respond to questions from school communities.



## Contents

Key Messages .....	1
Introduction.....	1
Supportive School Environments .....	4
Infection Prevention and Exposure Control Measures (Prevention Measures) .....	5
Public Health Measures .....	6
Environmental Measures .....	9
Administrative Measures .....	10
Personal Measures .....	13
Personal Protective Equipment.....	16
Appendix A: Evidence Summary .....	18
Appendix B: School Communicable Disease Checklist .....	20
Appendix C: When to Perform Hand Hygiene at School .....	24

DRAFT



## Supportive School Environments

Schools can support students to practice personal preventive measures like wearing a non-medical mask when recommended, and regularly practicing hand hygiene and respiratory etiquette by:

- Having staff model these behaviours.
- Sharing reliable information to parents, families, and caregivers. Information and resources are available from BCCDC.
- Promoting them through visual aids like posters.

Schools can also support students to consider and respect others' personal space. Personal space is the distance from which a person feels comfortable being next to another person.

Staff and students choosing to practice additional personal prevention measures (e.g., wearing a non-medical mask beyond when it is recommended, wearing a face shield in addition to a non-medical mask, etc.) should be treated with respect.

Schools are encouraged to support student personal practices using positive and inclusive approaches. Schools should avoid punitive measures or enforcement activities that exclude students from fully participating in school or that could result in stigma.

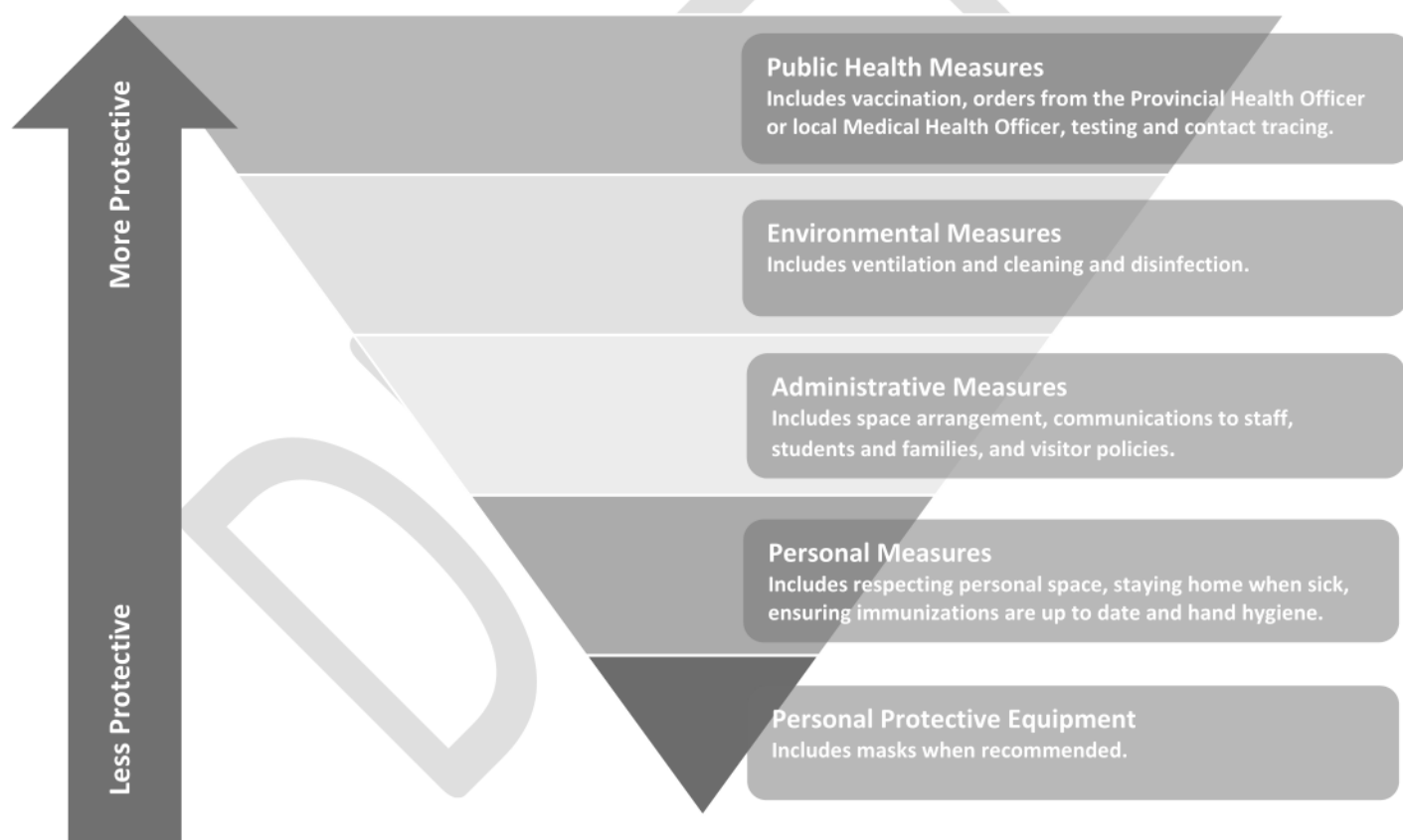


## Infection Prevention and Exposure Control Measures (Prevention Measures)

Infection prevention and exposure control measures (prevention measures) help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments, like schools, where multiple measures of various effectiveness can be routinely and consistently implemented.

*The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease* describes measures to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



## Public Health Measures

### *Vaccines*

Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19 to protect themselves and those around them – including those who are not eligible to be vaccinated. Both doses are needed to get the most effective protection against serious cases of COVID-19 and provide longer-lasting protection.

The vaccines used in B.C. are highly effective against COVID-19, including among variants of concern. Vaccinated people aged 12 and older tend to have milder illness if they get infected and are also less likely spread COVID-19 than unvaccinated people 12 and older. As of August 22<sup>nd</sup>, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose. As of August 22<sup>nd</sup>, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose. Up to date information on vaccinations coverage is available from [BCCDC](#).

People who are not vaccinated are at higher risk of getting and spreading COVID-19. Most COVID-19 cases, hospitalizations, and deaths are now among unvaccinated adults, and are predominantly occurring in communities with lower general vaccination uptake.

While children under 12 are not currently eligible to be vaccinated, they continue to be less likely to get and spread COVID-19 and have a low risk of serious outcomes if they do get COVID-19. It is strongly recommended that adults interacting with children under 12 be fully vaccinated.

Schools are encouraged to share evidence-based information and promote opportunities to be vaccinated in partnership with public health.

While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. However, with people 12 and older highly immunized, exposures are unlikely to lead to further transmission. Public health considers vaccination status when investigating school exposures. Staff and students who are not at least 14 days past receiving their second dose (i.e., aren't fully immunized) and are identified as close contacts are more likely to be asked to self-isolate.

Evidence-based immunization information and tools for B.C. residents is available from [BCCDC](#) and [ImmunizeBC](#).





### Public Health Case Management

Public health (including the Provincial Health Officer and BC Centre for Disease Control) will continue to offer individual and community guidance and recommendations to manage the risk of COVID-19 in B.C.. Public health will continue to monitor cases of COVID-19 and determine if actions should be taken to prevent or control spread.

Schools should continue to maintain daily attendance records for staff, students, and visitors (including itinerant staff, teachers on call, parents/caregivers, and volunteers), and keep accurate class and bus lists to assist with contact tracing if necessary. This includes maintaining attendance records for all school-supported activities, including extracurricular activities and field trips. Daily attendance records should be kept for at least 45 days to assist with contact tracing and retrospective analysis by public health (if needed).

Public health will continue to collaborate with schools and school districts on sharing public health information with staff, students, and families, including providing direction on if and when exposure notifications should be sent.

### School Exposures & Notifications

An exposure occurs if a person attends school when they may have been potentially infectious with a communicable disease (e.g. COVID-19) and there is a risk of transmission to others. When a potential exposure at a school is identified, public health will work with the school to understand who may have been exposed and determine what actions should be taken, including identifying if other students or staff have been exposed.

Public health considers vaccination status when investigating school exposures. Staff and students who are not fully immunized and are identified as close contacts are more likely to be asked to self-isolate than those who are fully immunized.

To ensure personal privacy rights are maintained, public health will only disclose a confirmed case of a communicable disease if the person was infectious when they attended school. Public health will only provide the personal information needed to support effective contact tracing.

With the B.C. population highly immunized against COVID-19, public health expects to transition to notification practices that ensure those who are potentially at risk for communicable diseases, such as COVID-19, due to an exposure at school (e.g., those who are close contacts) are directly notified and informed of what subsequent actions they should take (e.g., monitor for symptoms, self-isolate, seek testing, etc.). Public health continues to consider practices for general exposure notifications.

School administrators or staff should not provide notifications to staff or students' families about potential or confirmed communicable diseases cases (including COVID-19) unless the school administrator is directed to do so by the school medical officer. School Administrators are to follow processes outlined in [COVID-19 Protocols for School and District Administrators: Management of Illness and Confirmed Cases](#).



Schools and districts should contact their local MHO if they are considering closing a school due to operational challenges related to increased absenteeism from staff required to self-isolate, self-reported illness of students and staff, or other factors that may impact the ability of a school to stay open.

### *Outbreaks and Clusters*

A cluster refers to two or more confirmed cases of COVID-19 that occur among students and/or staff within a 14-day period, and isolated transmission is suspected or confirmed to have occurred within the school.

An outbreak is when there is sustained, uncontrolled, widespread transmission of COVID-19 within a school, and a Medical Health Officer determines extraordinary public health measures are necessary to stop further transmission in the school or school community.

If a cluster or outbreak occurs, additional measures may be recommended or required by a Medical Health Officer to prevent further transmission of a communicable disease. This may include implementing additional health and safety measures within the school, testing of all potentially exposed individuals or in rare cases, ordering the school to close for a certain amount of time.

### *Regional Differences and Local Public Health Orders and Recommendations*

Medical Health Officers continue to be able to place local Public Health Orders requiring additional health and safety measures beyond this guidance at their own discretion, based on their authority under provincial legislation. These may be put in place during times of increased community transmission of COVID-19, and within communities with low vaccination uptake. They are based on local epidemiology and are proportional to risk.

Local Public Health Orders may be placed for whole regions or communities, or for specific businesses or activities within a health authority region. For example, a health authority may issue a regional Gatherings & Events Order that limits indoor gatherings to a specific number of people or to a specific type of activity. Schools within that region would need to ensure extracurricular and social gatherings and events complied with the Order unless schools were specifically excluded.

For schools, the local Medical Health Officer may issue a recommendation for an individual school, a grouping of schools, a school district, for all schools within a health authority region, or some combination thereof, to implement specific additional health and safety measures during times of elevated risk.

Additional measures are likely to be similar to some of those in place during the 2020-21 school year. For example:

- Limits on gatherings and events,
- Spreading people out as much as possible through different space arrangements, including arranging desk/tables to maximize space between students and avoiding seating arrangements where students directly face one another,
- Incorporating more individual activities and activities that encourage greater space between people, and avoiding activities that require close face-to-face contact,



- Limiting visitors,
- Taking activities outdoors when possible (and weather allows), and
- Recommending increased mask use.

Measures identified will be commensurate with risk, take into consideration specific local context, and seek to minimize operational impacts wherever possible. Cohorts/learning groups are not expected to be an additional prevention measures for regional recommendations.

At their independent discretion, the responsible Medical Health Officer will determine if additional measures are necessary based on information relevant to the school(s), district(s) and/or geographic area under consideration, who a local recommendation or Order applies to, what additional health and safety measures should be implemented, and for how long the additional measures should be in place.

#### *School Communicable Disease Checklist*

Schools can use the checklist included as [Appendix B](#) to help build their own communicable disease plan.

## Environmental Measures

### *Ventilation and Air Exchange*

Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers ([Part 4 of OHS Regulation](#)), and that they are working properly. Open windows when the weather permits, if it doesn't impact the functioning of ventilation systems.

When using air conditioners and fans in ventilated spaces, air should be moved from high places to lower places instead of blowing air directly from one person's breathing zone to another's. Avoid horizontal cross breezes. Use of portable air conditioners and fans in unventilated spaces with doors and windows closed should be avoided, except when necessary during high or excessive heat events. More information on workplace ventilation and air circulation is available from [WorkSafe BC](#).

Communicable disease prevention measures need to be balanced against other risks, like excessive heat events in warmer months or poor air quality from wildfire smoke. Schools are encouraged to use BCCDC resources, including on [Heat Event Response Planning](#) and [Wildfire Smoke](#) to support planning.

While taking students outside more often is no longer specifically recommended for COVID-19 prevention, it is still encouraged due to its overall health benefits.

### *Cleaning and Disinfection*

Frequently-touched surfaces should be cleaned and disinfected at least 1x/day and when visibly dirty. These include items touched by larger numbers of people (e.g. door handles, hand rails, tap faucets, shared gym equipment, etc.).



Surfaces touched by fewer people (e.g. desks used by a few students, lockers, manipulatives) should be cleaned at least 1x/day. Other general cleaning should occur in line with regular practices.

Objects made of materials that are not easily cleaned (e.g., foam, playdough, etc.) or typically cleaned intermittently (e.g., fabrics, soft toys, etc.) can continue to be used. They should be cleaned (if possible) according to regular practices.

Textbooks, paper, other paper-based products, laminated or glossy paper-based products and items with plastic covers do not need to be cleaned and disinfected, or quarantined for any period of time.

### *Physical Barriers*

Physical barriers are no longer recommended for communicable disease prevention.

## Administrative Measures

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### *Gatherings & Events*

School extracurricular and social gatherings and events (including those occurring within and between schools) should occur in line with those permitted as per relevant local, regional, provincial and federal public health recommendations and Orders.

Gatherings and events requiring international travel (e.g., between Canada and the United States) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for international travel and community gatherings and events.

### *Space Arrangement*

In learning environments, schools can return to classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches. Use all available space. Cohorts/learning groups are no longer recommended. They are also not expected to be used as additional prevention measures for regional recommendations.

In indoor spaces, people should have enough room to carry out the intended activity without involuntarily physical contact with another person. In indoor common spaces (e.g., hallways, cafeterias, etc.), schools may continue to use floor markings and posters to direct traffic flow.

For indoor activities that bring together multiple classes or other groupings of students in close proximity for a prolonged period of time (e.g., school assemblies, multiple classes doing physical activity in a gym), schools should ensure that people are spread out within the available space. This is expected to be achievable within room capacity limits (where applicable).

For breaks and other unstructured time in indoor settings, there should be enough space available to prevent involuntary physical contact.



Taking students outside more often is still encouraged (when the weather allows) due to its overall health benefits.

### *Staff-Specific Considerations*

WorkSafe BC guidance for workplaces should be used to determine what measures should be in place within staff-only spaces within a school (e.g., break rooms, individual offices) or for non-school spaces operated by a school district (e.g. board offices, maintenance facilities, etc.).

Staff-only gatherings (e.g., meetings, professional development days, etc.) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for workplace gatherings and events and any related WorkSafe BC guidance.

### *Visitors*

Schools should continue to ensure visitors follow the school's communicable disease plan, including completing a daily health check and not entering the school if they are sick. Schools should continue to keep a list of the date, names, and contact information of all visitors who enter the school for 45 days following their visit.

### *Curriculum, Programs and Activities (including Extracurricular Activities)*

As previously noted, extracurricular and social gatherings and events (including sports and arts events within and between schools) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders.

For music and physical education, schools should continue to implement universal communicable disease prevention practices specific to the activity. For example, equipment that touches the mouth (e.g., water bottles, instrument mouth pieces) should not be shared unless cleaned and disinfected in-between use. Hands should be cleaned before and after using frequently touched pieces of equipment (e.g. before and after a sports game using a shared ball).

Local and international field trips should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for local and/or international travel.

Schools should consider guidance provided for overnight camps from the BCCDC and the BC Camps Association when planning overnight trips that include group accommodation.

### *Transportation*

For school buses, schools can return to regular seating and onloading/offloading practices.

Frequently-touched surfaces should be cleaned and disinfected at least 1x/day and when visibly dirty. These include items touched by larger numbers of people (e.g. door handles, hand rails, etc.). Surfaces touched by fewer people (e.g. seats) should be cleaned 1x/day. Other general cleaning should occur in line with regular practices.



Schools should continue to:

- Encourage bus drivers and passengers to practice hand hygiene and before and after trips and to practice respiratory etiquette as needed,
- Spread passengers out if space is available, and
- Open windows when the weather allows.

All people 12 and older should wear masks on school buses, with exceptions outlined in the Personal Protective Equipment section of this document and the additional exception that bus drivers can remove their masks while driving.

Students 9 - 11 are encouraged to wear a mask according to the guidance outlined in the Personal Protective Equipment section of this document.

Students' under 9 years of age use of masks should be based on their personal or family/caregivers' choice.

For carpooling, schools should share the following guidance with staff and families:

- Continue to spread out as much as possible,
- Travel with the same people whenever possible,
- Set the vehicle's ventilation to bring in fresh outside air, and do not recirculate the air,
- Open the windows when the weather allows,
- Clean hands before and after trips, and
- Clean frequently touched surfaces regularly.

All people 9 and older are encouraged to wear masks while carpooling, with exceptions outlined in the Personal Protective Equipment section of this document. Students under 9 years of age mask use should be based on their personal or family/caregivers' choice. Additionally, masks are not suggested if carpooling with members of the same household.

For people taking mass transit (e.g. municipal buses, the SkyTrain, ferries, etc.), hand hygiene should be practiced before and after trips. Riders should follow any other safety guidance (including mask guidance) issued by the relevant transit authority.

Other methods of active transportation (e.g. walking, biking, skateboarding, etc.) should continue to be encouraged wherever possible due to its overall health benefits.

This guidance should be adapted to what is most suitable for modes of transportation not mentioned here.

### *Food Services*

Food services (e.g., meal programs, cafeterias, fundraisers, etc.) can return to regular operational and food safety practices. Effective food safety practices are important for everyone preparing and distributing food. [FOODSAFE Level 1](#) covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.



Students involved in food preparation and distribution should be taught and supported to practice relevant food safety practices, including hand hygiene.

### *Community Use of Schools*

Schools can continue to allow community use of school facilities. Community use should be aligned with related public health guidance, recommendations, and Orders.

### *Water Stations & Fountains*

Limiting the use of water fountains is no longer recommended. Schools should continue to clean and disinfect water fountains as a frequently touched surface and encourage hand hygiene before and after use. Schools should ensure non-drinkable (non-potable) water sources are not used for drinking water, and that these sources are labelled as such ([Part 4 of OHS Regulation](#)). More information is available from WorkSafe BC.

This guidance is in addition to the Ministry of Education policy on [Testing Lead Content in Drinking Water of School Facilities](#). The Ministry of Health has also issued [Guidelines on Evaluating and Mitigating Lead in Drinking Water Supplies, Schools, Daycares and Other Buildings](#)

### *Personal Items & School Supplies*

Students and staff can continue to bring personal items and school supplies to school for their own use.

## Personal Measures

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### *Daily Health Check*

School administrators should ensure that staff, other adults entering the school, parents, caregivers and students are aware that they should not come to school if they are sick. School administrators can support this practice by regularly communicating the importance of everyone doing a **daily health check**.

A daily health check means a person checking daily to ensure they (or their child) are not experiencing any symptoms of illness (including but not limited to COVID-19 symptoms) before coming to school. Daily health checks can be supported by the BCCDC resource on [when to get tested for COVID-19](#) or the Ministry of Education's [K-12 Health Check](#). Schools do not need to confirm a daily health check has been done or monitor students and staff for symptoms of illness.

Nobody should come to school if they are sick or otherwise directed to self-isolate by public health.



### *Symptoms Develop at School*

If a staff member, student, or other person develops symptoms of illness at school:

1. Move the person to a space that is comfortable, safe, and supervised (if necessary). This can be a separate location (e.g. another room, a common space, or outdoors if weather allows), or in the same space (e.g. a classroom) if the person can consistently be 2-metres away from others.
2. Contact the student's parent or caregiver to pick them up as soon as possible (if applicable).
3. If the ill person requires assistance, where possible, maintain a 2-metre distance. If not possible, staff should wear a mask if available and tolerated.
4. Provide the person with a mask (if available and tolerated) or tissues if they are exhibiting respiratory symptoms (to cover their coughs or sneezes). Masks should not be worn if the person has gastrointestinal symptoms (e.g. is at risk of vomiting). Throw away used tissues as soon as possible and perform hand hygiene.
5. Avoid touching the person's body fluids (e.g., mucous, saliva, vomit). If you do, practice hand hygiene.
6. Practice hand hygiene after the person has left.
7. Staff responsible for facility cleaning should clean and disinfect the surfaces in spaces where the person's body fluids may have been in contact while they were ill (e.g., their desk in a classroom, the bathroom stall they used, etc.).

Some students may arrive at school sick, and/or unable to be picked up immediately, due to many reasons, including a lack of available childcare. Following the steps outlined above helps ensure there is not a significant risk of illness to others, including those who are supporting them while they are ill.

### *What To Do When Sick*

School administrators can encourage staff and families to go to the [BCCDC website](#) to find information about what to do when they are sick with COVID-19 symptoms. Staff, students, and parents/caregivers can also use the [BC Self-Assessment Tool](#) app, call 8-1-1 or their health care provider for guidance. Information on region-specific services (e.g., testing and vaccination sites) is available on [health authority websites](#).

Staff and families can also be encouraged to visit [HealthLink BC](#) or call 8-1-1 for support on what to do when sick with any symptoms of illness, including non-COVID-19 symptoms.

### *Returning to School After Illness*

When a person can return to school after being sick depends on the type of illness they had.

- If they had COVID-19 or another communicable disease, they can return according to the guidance provided to them from public health.
- For other illnesses, generally, the person can return when their symptoms have improved and they feel well enough to participate in all activities at school.

If a person is unsure if they are well enough to attend school, they should call 8-1-1 or their health care provider for guidance.





Schools should not require a health care provider note (i.e. a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.

Students or staff may still attend school if a member of their household develops new symptoms of illness, provided the student/staff has no symptoms themselves. If the household member tests positive for a communicable disease (including but not limited to COVID-19), public health will advise the asymptomatic student/staff on next steps.

### *Hand hygiene*

Rigorous hand washing with plain soap and water reduces the spread of illness. Everyone should practice diligent hand hygiene.

#### **How to practice diligent hand hygiene:**

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
  - Temperature does not change the effectiveness of washing hands with plain soap and water, though warm water is preferred for personal comfort.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand sanitizer (also called alcohol-based hand rub) containing at least 60% alcohol.
  - See the List of Hand Sanitizers Authorized by Health Canada for products that have met Health Canada's requirements and are authorized for sale in Canada.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by alcohol-based hand rub.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand hygiene poster](#).

#### **Strategies to ensure diligent hand hygiene:**

- Facilitate regular opportunities for staff and students to practice hand hygiene.
  - Use portable hand-washing sites or alcohol-based hand rub dispensers where sinks are not available.
- Promote the importance of diligent hand hygiene to staff and students regularly.
  - Use posters and other methods of promotion.
    - Consider student-friendly posters on [how to wash your hands](#).
    - Show [handwashing videos](#).
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

An information sheet on when students and staff should practice hand hygiene is included as [Appendix C](#).



## Respiratory Etiquette

Everyone should:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Parents and staff can teach and reinforce these practices among students.

## Personal Protective Equipment

### Non-Medical Masks and Face Coverings

Public health continues to monitor community risk of COVID-19 as we progress toward high levels of vaccine coverage. Schools continue to be considered low risk settings for COVID-19 transmission, particularly in the context of a highly immunized population; however, non-medical masks will be recommended for the start of the school year. This will allow for an added layer of protection as schools transition to new measures. The non-medical mask guidance is expected to be reviewed later this fall with the intention that wearing a mask will eventually transition to a personal choice. Regional recommendations may also be issued by local medical health officers based on community risk. Mask requirements should, at minimum, adhere with any regional or provincial public health orders.

At the beginning of the school year, all staff, adult volunteers and visitors, and all students 12 years and older in “bricks and mortar” schools should wear a non-medical mask or face covering (a “mask”) at all times while indoors at school, subject to the following exceptions:

- If a person is unable to wear a mask because they don’t tolerate it (for health or behavioural reasons\*);
- If a person unable to put on or remove a mask without the assistance of another person;
- If the mask is removed temporarily for the purposes of identifying the person wearing it;
- If the mask is removed temporarily to engage in an educational activity that cannot be performed while wearing a mask (e.g. actively playing a wind instrument, high-intensity physical activity, etc.);
- If a person is eating or drinking;
- If a person is behind a barrier (e.g., a divider, a cubicle, or in a room by themselves);
- While providing a service to a person with a disability or diverse ability where visual cues, facial expressions and/or lip reading/movements are important.

Staff at non-school sites (e.g., administrative offices, maintenance facilities, etc.) should continue to follow guidance from WorkSafe BC.

Students 9 - 11 years of age are encouraged to wear a mask at school, in line with the guidance included here.

Mask use for students under 9 years of age should be based on their personal or family/caregivers’ choice.



If an activity cannot be implemented in line with this guidance, it should be adapted or another activity should be selected.

Schools continue to be encouraged to support student mask use through positive and inclusive approaches, and not punitive or enforcement activities that exclude students from fully participating in school or that could result in stigma. Schools are also encouraged to ensure there are opportunities throughout the day for students to remove their masks (like providing opportunities to go outside if weather allows).

No student should be prevented from attending or fully participating in school if they are not wearing a mask.

\*Health or behavioural reasons include health impacts experienced during excessive heat events or poor air quality.

Information on non-medical masks is available from [BCCDC](#).

#### *PPE When Providing Student Services*

Those providing services to students with medical complexity, immune suppression, receiving delegated care, or with disabilities and diverse abilities that require them to be in close proximity to a student should follow their standard risk assessment methods to determine what PPE is needed for general communicable disease prevention in accordance with routine practices.

#### *Additional PPE*

Additional PPE, such as gloves and eye goggles, are not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.



## Appendix A: Evidence Summary

The information below summarizes high-level evidence gathered since early Spring 2020 about COVID-19, including its impacts on people and K-12 schools in B.C., nationally and internationally. Up-to-date information about COVID-19 is available from [BCCDC](#).

### COVID-19 in B.C.

- B.C. currently has variable community prevalence of COVID-19; some parts of the province have relatively low community transmission while other parts have relatively high levels of community transmission. Communities with high levels of transmission are typically those with lower vaccination rates.
  - Since early summer 2021, the rate of COVID-19 cases has increased due to spread of the more transmissible Delta variant and the easing of pandemic restrictions. Most cases, hospitalizations, and deaths were among unvaccinated individuals.
- B.C. has a [highly vaccinated population](#), with the majority of those aged 12 and older having received two doses of a COVID-19 vaccine. As of August 22<sup>nd</sup>, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose.
  - Vaccinated individuals tend to have milder illness if they get infected and are also less likely to pass virus on than unvaccinated individuals. Severe outcomes in fully vaccinated individuals are infrequent.
  - Everyone eligible is encouraged to be fully vaccinated (i.e., receive two doses) against COVID-19 to protect themselves and those around them.
- Four [COVID-19 Variants of Concern](#) have been detected in B.C.: Alpha, Beta, Gamma and Delta. Currently, Delta is the most common. The vaccines delivered in B.C. remain highly effective against variants, including the Delta variant, especially against severe outcomes.
  - The Delta variant is currently the predominant variant in B.C. This variant spreads more easily and may lead to more severe disease.

### COVID-19 and Schools

Based on [national and international evidence](#) collected between January - July 2021:

- There is little high-quality evidence to suggest that having schools open meaningfully contributes to community transmission.
- The likelihood of a person attending school while infectious with COVID-19 reflects local community prevalence.
- The consistent implementation of prevention measures, particularly in communities with higher transmission and/or lower vaccination uptake, is critically important to limiting the spread of COVID-19.
  - Within clusters and outbreaks, adult to adult transmission appears more common than child to adult or adult to child.
- Widespread asymptomatic transmission is not commonly occurring within schools.
- Evidence continues to be gathered about the impact of staff and student vaccinations on mitigating risk of COVID-19 transmission at school.



During the 2020-21 school year in B.C.:

- COVID-19 cases in schools reflected the number of cases in their communities. Most cases of COVID-19 among students and staff were acquired outside of school, in their community or household.
- Vancouver Coastal Health and Fraser Health led [school transmission studies](#) to understand transmission in school settings:
  - In Vancouver Coastal Health from September 10 – December 18, 2020, out of 699 cases among students (77%) and staff (23%), 55 cases (8% of student and staff cases) were likely acquired in school. When transmission did occur, a case would typically lead to 1 or 2 other cases in the school.
  - In Fraser Health from January 1 – March 7, 2021, out of 2049 cases among students (83%) and staff (17%), 267 cases (13% of student and staff cases) were likely acquired in school. When transmission did occur with a school setting, a case would typically lead to 1 other cases in the school.

Regional school medical officers noted that these results were similar to those seen in all health authority regions, based on case reviews.

- School staff do not seem to be at any greater risk of getting COVID-19 at work compared to other workplaces that include people.
  - In [Vancouver School District](#), despite a high rate of reported exposure to COVID-19 cases, the rate of COVID-19 infections among school staff (detected by sensitive serology testing) was the same as the local community. This suggests school staff did not experience a greater risk from COVID-19 than the general population with the measures implemented during the 2020-21 school year.
- In February, B.C. teachers [reported](#) impacts on their mental health, fewer opportunities to connect with students and the school community, and workload increases.

#### COVID-19 and Children

- Most children are not at high risk for COVID-19. If they do get COVID-19, most children will have mild symptoms, or they may have no symptoms at all (“asymptomatic”).
- COVID-19 continues to have a [relatively low infection rate](#) among school-aged children (5-18).
  - Research is underway to understand the impact of the Delta variant on children, including differences in how it spreads and if there is increased risk of more severe illness in children who are not yet eligible to be vaccinated (i.e., under age 12).
- As of August 22<sup>nd</sup>, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose.
- At this time, no COVID-19 vaccine has been approved for use in children under the age of 12. Clinical trials are currently underway. More information is available from [Health Canada](#).
- Various surveys, including the [COVID-19 SPEAK](#) survey from BCCDC have reported that school-aged children have been negatively impacted by the pandemic, including worsening wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts.



## Appendix B: School Communicable Disease Checklist

Complete this checklist with your school's health and safety committee to assess your school's communicable disease plan with the Ministry of Education's COVID-19 Communicable Disease Guidelines for K-12 Settings, which includes detailed guidance on the measures noted below. This checklist should be used in addition to the guidelines to develop and assess your school's communicable disease plan.

Measures below should always be in place.

Public Health Measures		
<b>Attendance &amp; Record Keeping</b>	Practices in place to:	<input type="checkbox"/> Included
	<ul style="list-style-type: none"> <li>maintain daily attendance records for staff, students, and visitors (including teachers on call, itinerant teachers/specialists, district/authority personnel, parents/caregivers, and volunteers), and</li> <li>maintain accurate class and bus lists.</li> </ul> Daily attendance records should be kept for at least 45 days.	
Environmental Measures		
<b>Ventilation &amp; Air Exchange</b>	All HVAC systems are operated and maintained as per standards and specifications, and are working properly.	<input type="checkbox"/> Included
	Portable air conditioners and fans are only used in ventilated spaces, with air moved from high to low.	<input type="checkbox"/> Included
	Risk mitigation strategies are identified for excessive heat events or times of poor air quality.	<input type="checkbox"/> Included
<b>Cleaning and Disinfecting</b>	Frequently touched surfaces (those touched by larger numbers of people) are cleaned and disinfected at least 1x/day. Surfaces touched by fewer people are cleaned 1x/day.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect frequently touched surfaces when they are dirty.	<input type="checkbox"/> Included
	Other general cleaning occurs in line with regular practices.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect any surfaces a person's body fluids have contacted after they have displayed symptoms of illness.	<input type="checkbox"/> Included



Administrative Measures		
<b>Gatherings &amp; Events</b>	School extracurricular and social gatherings and events (including those occurring within and between schools) are in line with those permitted as per relevant local, regional, Provincial and Federal health recommendations and Orders.	<input type="checkbox"/> Included
<b>Space Arrangement</b>	In indoor spaces, people have enough room to carry out intended activities without involuntary physical contact and all available space is used.	<input type="checkbox"/> Included
	For indoor gatherings, people are spread out within the available space and room capacity limits are not exceeded.	<input type="checkbox"/> Included
	During breaks and other unstructured time in indoor settings, strategies are in place to ensure there is enough space available to prevent involuntary physical contact.	<input type="checkbox"/> Included
<b>Staff Specific Considerations</b>	WorkSafe BC guidance for workplaces is used to determine measures for staff-only spaces within a school and/or for non-school spaces operated by the school district/authority.	<input type="checkbox"/> Included
	Staff-only gatherings (e.g., meetings, professional development days, etc.) occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for workplace gatherings and events and any related WorkSafe BC guidance.	<input type="checkbox"/> Included
<b>Visitors, including Itinerant Staff, Temporary Teachers on Call, Parents and Others</b>	Processes are in place to ensure itinerant staff, teachers on call and visitors are aware of the school's communicable disease plan and their responsibility to follow measures at all times.	<input type="checkbox"/> Included
<b>Curriculum, Programs and Activities</b>	For music and physical education (and other subjects as necessary), prevention practices specific to the activity are implemented (e.g., cleaning mouth pieces and water bottles between use).	<input type="checkbox"/> Included
	Local and international field trips occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for local and/or international travel.	<input type="checkbox"/> Included
<b>Bus Transportation</b>	Frequently touched surfaces are cleaned and disinfected at least 1x/day. Surfaces touched by fewer people are cleaned 1x/day.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect frequently touched surfaces when they are dirty.	<input type="checkbox"/> Included
	Other general cleaning occurs in line with regular practices.	<input type="checkbox"/> Included
	Practices are in place to encourage bus drivers and passengers to practice hand hygiene before and after trips.	<input type="checkbox"/> Included
	Passengers are spread out within the available space.	<input type="checkbox"/> Included
	Windows are opened when the weather allows.	<input type="checkbox"/> Included



	Bus drivers, adult volunteers and visitors, and students in Grade 4 or higher wear masks according to the guidelines or applicable public health orders/recommendations.	<input type="checkbox"/> Included
	Grade K-3 students wear masks based on their personal or family/caregivers' choice.	<input type="checkbox"/> Included
<b>Food Services</b>	Food services (e.g., meal programs, cafeterias, fundraisers, etc.), are following regular operational and food safety practices.	<input type="checkbox"/> Included
<b>Community Use of Schools</b>	Community use of school facilities is aligned with related public health guidance, recommendations and Orders.	<input type="checkbox"/> Included
<b>Water Fountains</b>	The use of water fountains is not limited.	<input type="checkbox"/> Included

### Personal Measures

<b>Daily Health Checks</b>	Staff, parents and students are regularly reminded of their responsibilities to complete a Daily Health Check and are provided with resources on how to complete one (e.g., the <a href="#">K-12 Health Check</a> app).	<input type="checkbox"/> Included
<b>Stay Home When Sick / What To Do When Sick</b>	Staff and students are regularly reminded to stay home when they are sick and are provided with resources on what to do when they are sick (e.g., the <a href="#">BC Self-Assessment Tool</a> app).	<input type="checkbox"/> Included
<b>Symptoms Develop at School</b>	Practices are in place to appropriately respond when a staff member, student, or other person develops symptoms of illness while at school.	<input type="checkbox"/> Included
<b>Returning to School After Illness</b>	Health care provider notes (i.e., a doctor's note) are not required to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.	<input type="checkbox"/> Included
<b>Hand Hygiene &amp; Respiratory Etiquette</b>	Hand cleaning facilities are available and accessible throughout the school and are well maintained.	<input type="checkbox"/> Included

### Personal Protective Equipment

<b>Masks</b>	Staff, adult volunteers and visitors, and students in Grade 4 and higher in "bricks and mortar" schools wear a non-medical mask or face covering (a "mask") according to the guidelines or	<input type="checkbox"/> Included
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	applicable public health orders/recommendations.	
	Grade K-3 students wear masks based on their personal or family/caregivers' choice.	<input type="checkbox"/> Included
	Masks are available for those who have forgotten theirs.	<input type="checkbox"/> Included

Supportive School Environments		
<b>Personal Prevention Practices</b>	Strategies are in place to routinely support students to practice personal prevention measures like hand hygiene and respiratory etiquette (e.g., signage, included in morning announcements, etc.).	<input type="checkbox"/> Included
<b>Personal Space</b>	Strategies are in place to encourage staff and students to consider and respect others personal space. Personal space is the distance from which a person feels comfortable being next to another person.	<input type="checkbox"/> Included
<b>Positive &amp; Inclusive Approaches</b>	Positive and inclusive approaches identified to support students' personal prevention practices.	<input type="checkbox"/> Included

The information included in this checklist is based on the Ministry of Education COVID-19 Communicable Disease Guidelines for K-12 Settings. As such, there may be differences between the checklist and the information in this guidance document.



## Appendix C: When to Perform Hand Hygiene at School

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g., recess, lunch).</li> <li>• Before and after eating and drinking (excluding drinks kept at a student's desk or locker).</li> <li>• Before and after using an indoor learning space used by multiple classes (e.g. the gym, music room, science lab, etc.).</li> <li>• After using the toilet.</li> <li>• After sneezing or coughing into hands.</li> <li>• Whenever hands are visibly dirty.</li> </ul>	<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g. recess, lunch).</li> <li>• Before and after eating and drinking.</li> <li>• Before and after handling food or assisting students with eating.</li> <li>• Before and after giving medication to a student or self.</li> <li>• After using the toilet.</li> <li>• After contact with body fluids (i.e., runny noses, spit, vomit, blood).</li> <li>• After cleaning tasks.</li> <li>• After removing gloves.</li> <li>• After handling garbage.</li> <li>• Whenever hands are visibly dirty.</li> </ul>



## **FW: Vaccine Passport possible issue**

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>  
Sent: August 23, 2021 6:01:07 PM PDT

Hopefully we will have this covered.

b

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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-----Original Message-----

From: s.22 <s.22>  
Sent: August 23, 2021 5:18 PM  
To: Dix.MLA, Adrian LASS:EX <Adrian.Dix.MLA@leg.bc.ca>  
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Subject: Vaccine Passport possible issue

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

When you rolled out the vaccination registration it did not work on my phone so when I received the text back to go to book my shots, it tried to go to the website, so a box was ticked that said I was there but it couldn't complete the booking as the site would not come up in my iphone 5S browser. Because it thought that I had already used the link, I couldn't redo it on my laptop with a newer browser.

This resulted in me having to phone in to get the problem fixed with varied results depending on who I got on the phone.

PLEASE, WITH THE VACCINE PASSPORT, make sure it works on all phones. Seniors (me, my wife) and people of lower incomes do not necessarily have the latest and greatest technology.

You are not the only ones to fall into this trap. When the feds rolled out their covid app initially it also didn't work on my phone. It did in a later version where they fixed the issue after I raised the issue with them.

Thank you, and thanks so much for the work you do.

**RE: FOR PHO APPROVAL Re: FOR APPROVAL: 2 x posts - proof of vaccination**

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
Sent: August 23, 2021 6:03:21 PM PDT  
Attachments: image002.png, image006.png

Looks good, thanks  
Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health

s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

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---

**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
**Sent:** August 23, 2021 5:10 PM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** RE: FOR PHO APPROVAL Re: FOR APPROVAL: 2 x posts - proof of vaccination

Hi Dr. Henry,  
Just checking to see if you've had a look at these.  
Thanks,  
Aileen

---

**From:** Machell, Aileen GCPE:EX  
**Sent:** August 23, 2021 2:26 PM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** FOR PHO APPROVAL Re: FOR APPROVAL: 2 x posts - proof of vaccination  
**Importance:** High

Hi Dr. Henry,  
Here are the social posts for your approval. GCPE will send them for translation into other languages, too.

**POST #1**

People aged 12+ will soon need to show an electronic or paper BC Vaccine Card for certain events, services, and businesses in BC. Starting on:

- ✓ Sept 13, people need to show they've had one dose of the COVID-19 vaccine
  - ✓ Oct 24, people need to show it's been 7 days since their second dose
- Book your vaccine appointment now to get ready. Learn more: [gov.bc.ca/vaccinecard](https://gov.bc.ca/vaccinecard)

# Proof of vaccination starts Sept. 13



COVID-19 IN BC

## POST #2

To help protect people from COVID-19, people aged 12+ will soon be required to show proof of vaccination to access certain events, services, and businesses in BC. People will need to show an electronic or paper BC Vaccine Card for:

- Indoor ticketed sporting events, concerts, and theatre events
- Indoor dining and patio dining at restaurants, pubs, and bars
- Night clubs and casinos
- Movie theatres
- Gyms, pools and recreation facilities (excluding youth)
- Indoor high intensity group exercise
- Indoor organized gatherings like weddings, parties, conferences, workshops
- Indoor organized group recreational classes and activities like pottery and art (excluding K-12 schools, before and after school programs)

Learn more: [gov.bc.ca/vaccinecard](https://gov.bc.ca/vaccinecard)

Get vaccinated! It's easy to make an appointment or drop-in to a vaccine clinic near you:

[gov.bc.ca/VaxForBC](https://gov.bc.ca/VaxForBC)



## Where you will need proof of vaccination



Indoor ticketed events



Indoor & patio dining



Night clubs & casinos



Movie theatres



Gyms, pools & recreation facilities



HI indoor group exercise



Indoor organized gatherings



Indoor recreational classes

COVID-19 IN BC

TW version

To help protect people from COVID-19, people aged 12+ will soon be required to show proof of vaccination to access certain events, services, and businesses in BC. Book your vaccine appointment now to get ready: [gov.bc.ca/VaxForBC](https://gov.bc.ca/VaxForBC)

# Proof of vaccination starts Sept.13



COVID-19 IN BC



# Where you will need proof of vaccination



**Indoor  
ticketed  
events**



**Indoor &  
patio  
dining**



**Night  
clubs &  
casinos**



**Movie  
theatres**



**Gyms, pools  
& recreation  
facilities**



**HI indoor  
group  
exercise**



**Indoor  
organized  
gatherings**



**Indoor  
recreational  
classes**

**COVID-19 IN BC**



## RE: Covid vaccine

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: s.22 <s.22>  
Sent: August 23, 2021 6:07:14 PM PDT

You can submit your vaccination record at : [www.immunizationrecord.gov.bc.ca](http://www.immunizationrecord.gov.bc.ca)

It will take a week or so for it to be in the system.

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health  
s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

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-----Original Message-----

From: s.22 <s.22>  
Sent: August 23, 2021 5:03 PM  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Subject: Covid vaccine

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello:

I was taking care of family member in Oroville, Washington at the beginning of this year 2021...and have since returned to British Columbia.

I was fortunate to be able to be vaccinated (Pfizer - both doses) early this year (January/February) in Oroville, Washington. .. This was decided as a precautionary measure being with an older family member and considering I was helping take care of family member Oroville.

How do I get a "PROOF OF VACCINATION CARD" card for use here in British Columbia, Canada.

Thank you for anticipated assistance.  
Freida Boland.

## RE: Definition of "fully vaccinated"

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
Cc: Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>  
Sent: August 23, 2021 6:21:00 PM PDT

Yes, we made it shorter given the mostly lower risk settings we are referring to recognizing that most people will be well beyond 7 days.

b

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health

s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** August 23, 2021 4:16 PM

**To:** Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>; Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>

**Subject:** Definition of "fully vaccinated"

Thanks Monika for the suggestions.

Bonnie – to Monika's question about the definition of "fully vaccinated", and further to the announcement of today that fully vaccinated is 7 days after receiving both doses to access non-discretionary events; for the LTC/AL staff vaccination requirement order we have been operating on the 14 day time frame per our published guidance (see below), so has the definition of fully vaccinated changed?

Our public communications have been that people are fully immunized two weeks after the second dose: (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks>)

## When to wear a mask

COVID-19 is spread through infected droplets from a person's mouth or nose. Some people can spread the virus when they have very mild symptoms or may not know that they have COVID-19.

- Wearing a mask is recommended in many indoor public spaces for people 12 and up who are not fully immunized. This includes shopping malls, grocery stores, community centres and on public transportation or in taxis and ride shares.
  - It takes two weeks after the second dose to become fully immunized.

Guidance for LTC and AL is similar:

(<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-guidance-visitors-care-assisted.pdf>)

## Vaccination

In recognition of the added layer of protection provided by the COVID-19 vaccine and given the vulnerability of residents in LTC and seniors AL even when fully immunized themselves, there is a strong recommendation that individuals visiting long-term care homes or seniors' assisted living residences (both essential and social visitors) are fully immunized (e.g., two weeks post second dose) against COVID-19.

The federal rule is also based on after 14 days to be fully vaccinated:

(<https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada#determine-fully>)

To be considered fully vaccinated, you must:

- be eligible to enter Canada
- have received the full series of an accepted COVID-19 vaccine or a combination of accepted vaccines
- have received your last dose at least 14 days prior to the day you enter Canada
  - Example: if your last dose was anytime on **Thursday July 1st**, then **Friday July 16th** would be the first day that you meet the 14 day condition

On the other hand, the "Public Health Management of Cases and Contact Associated with Novel Coronavirus (COVID-19) in the Community" draws a distinction for household contacts who have and exposure  $\leq 7$  days after 2nd dose for a 2 dose series (they have to self-isolate) and household contacts who have and exposure  $> 7$  days after 2nd dose (they are to self-monitor). However there is a different rationale for this in that one is directed to individuals and affects their liberty, versus the general, population level recommendation.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Naus, Monika [BCCDC] <[Monika.Naus@bccdc.ca](mailto:Monika.Naus@bccdc.ca)>

**Sent:** August 23, 2021 8:00 AM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Cc:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>

**Subject:** Re: COVID-19 Vaccination Status Information and Preventive Measures Order

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Brian

Will 'vaccinated' be defined? 'Fully vaccinated' is the term in some other guidelines and defined accordingly. That definition may change over time.

Would it be more clear if 'and' (as shown below) was inserted into this phrase?:

Must show proof of vaccination, or wear a mask, AND maintain a two metre distance from every other person in the facility, except if necessary for the resident to whom they are providing care

This phrase needs a y at the end of ever:

An unvaccinated occasional other outside provider who does NOT have close contact with a resident must wear mask and maintain a two metre distance from ever other person in the facility

Apologies for my late review.

Thank you,

Monika

.....

Monika Naus MD FRCPC  
Medical Director, Communicable Diseases & Immunization Service  
Medical Head, Immunization Programs & Vaccine Preventable Diseases  
BC Centre for Disease Control  
[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)  
Tel 604.707.2540  
Cell 604.219.4524

---

**From:** [Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)

**Sent:** August 20, 2021 11:08

**To:** [Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca); [Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca); [Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca); [Jeff.Aitken@gov.bc.ca](mailto:Jeff.Aitken@gov.bc.ca); [Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca); [Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca); [Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca); [Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca); [Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca); [Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca); [Elaine.Woodward@gov.bc.ca](mailto:Elaine.Woodward@gov.bc.ca); [Andrew.Gray@northernhealth.ca](mailto:Andrew.Gray@northernhealth.ca); [Patricia.Daly@vch.ca](mailto:Patricia.Daly@vch.ca); [Sue.Pollock@interiorhealth.ca](mailto:Sue.Pollock@interiorhealth.ca); [Rob.Parker@interiorhealth.ca](mailto:Rob.Parker@interiorhealth.ca); [Elizabeth.Brodin@fraserhealth.ca](mailto:Elizabeth.Brodin@fraserhealth.ca); [Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca); [Mark.Lysyshyn@vch.ca](mailto:Mark.Lysyshyn@vch.ca); [shannon.mcdonald@fnha.ca](mailto:shannon.mcdonald@fnha.ca); [Monika.Naus@bccdc.ca](mailto:Monika.Naus@bccdc.ca); [Martin.Lavoie@gov.bc.ca](mailto:Martin.Lavoie@gov.bc.ca); [Murray.Fyfe@viha.ca](mailto:Murray.Fyfe@viha.ca); [Nel.Wieman@fnha.ca](mailto:Nel.Wieman@fnha.ca); [Richard.Stanwick@viha.ca](mailto:Richard.Stanwick@viha.ca); [Silvina.Mema@interiorhealth.ca](mailto:Silvina.Mema@interiorhealth.ca); [ingrid.tyler@fraserhealth.ca](mailto:ingrid.tyler@fraserhealth.ca); [MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca); [DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca); [Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca); [Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca); [Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca); [Ian.Rongve@gov.bc.ca](mailto:Ian.Rongve@gov.bc.ca); [Darlene.Therrien@gov.bc.ca](mailto:Darlene.Therrien@gov.bc.ca); [kristy.anderson@gov.bc.ca](mailto:kristy.anderson@gov.bc.ca); [Lorie.Hryciuk@gov.bc.ca](mailto:Lorie.Hryciuk@gov.bc.ca); [Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca); [Razvan.Diacu@gov.bc.ca](mailto:Razvan.Diacu@gov.bc.ca); [Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca); [Geoff.Gudavicius@gov.bc.ca](mailto:Geoff.Gudavicius@gov.bc.ca); [Heather.Richards@gov.bc.ca](mailto:Heather.Richards@gov.bc.ca); [chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca); [joanna.pannekoek@phsa.ca](mailto:joanna.pannekoek@phsa.ca); [Christine.A.Fraser@gov.bc.ca](mailto:Christine.A.Fraser@gov.bc.ca); [Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca); [Narv.Gill@heabc.bc.ca](mailto:Narv.Gill@heabc.bc.ca); [reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca); [andrew.larder@bccdc.ca](mailto:andrew.larder@bccdc.ca); [trevor.corneil@northernhealth.ca](mailto:trevor.corneil@northernhealth.ca)  
**Cc:** [Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca); [Quinn.Fletcher@gov.bc.ca](mailto:Quinn.Fletcher@gov.bc.ca); [Kirsten.Youngs@gov.bc.ca](mailto:Kirsten.Youngs@gov.bc.ca); [Leah.Holoday@gov.bc.ca](mailto:Leah.Holoday@gov.bc.ca)

**Subject:** RE: COVID-19 Vaccination Status Information and Preventive Measures Order

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and **do not** open attachments or click on links.

---

Thanks Brian. Always more complicated than we think. I hope this captures it.

Bonnie

*Dr Bonnie Henry*

*Provincial Health Officer*

*Office of the PHO*

*Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone s.17; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** August 20, 2021 8:01 AM

**To:** Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Aitken, Jeff HLTH:EX <[Jeff.Aitken@gov.bc.ca](mailto:Jeff.Aitken@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Neilson, Karen HLTH:EX <[Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Woodward, Elaine HLTH:EX <[Elaine.Woodward@gov.bc.ca](mailto:Elaine.Woodward@gov.bc.ca)>; Gray, Andrew Dr. HLTH:IN <[Andrew.gray@northernhealth.ca](mailto:Andrew.gray@northernhealth.ca)>; Daly, Patty [VCH] <[Patricia.Daly@vch.ca](mailto:Patricia.Daly@vch.ca)>; XT:HLTH Pollock, Sue <[sue.pollock@interiorhealth.ca](mailto:sue.pollock@interiorhealth.ca)>; XT:HLTH Parker, Robert <[ROBERT.PARKER@interiorhealth.ca](mailto:ROBERT.PARKER@interiorhealth.ca)>; XT:HLTH Brodtkin,

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Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>; Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>; Holiday, Leah GCPE:EX <Leah.Holiday@gov.bc.ca>

**Subject:** RE: COVID-19 Vaccination Status Information and Preventive Measures Order  
Good morning.

Attached is the revised order that will be sent for web posting this morning.

This provides that unvaccinated outside care providers can continue to enter facilities to provide care, as long as they wear a mask and maintain physical distance from others. It also provides notice that these care providers will need to be vaccinated by October 12, consistent with the requirement for staff which is to come in the proposed follow up order that I will be sending around for review later today.

This version also clarifies the groupings of people of interest and provides more details in the definitions. We now have the following:

1. **“outside health care or personal care provider”** means a physician, nurse, physiotherapist, occupational therapist, home support worker, practicum student providing health care or personal care, faculty member of a health care or personal care educational or training facility, emergency medical assistant, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor;
2. **“outside support or personal service provider”** means a volunteer, hired companion, barber, hairdresser, nail esthetician or any other non-staff member who provides personal support or a personal service to a resident, but not include a visitor;
3. **“other outside provider”** means a person other than a resident, staff member, visitor, outside health care provider, outside personal care provider, outside support provider or outside personal service provider, who is in a facility, and includes an entertainer, animal therapy provider and maintenance person. There are two sub-categories of these – regular (present at least once a month on an ongoing basis) and occasional (not present on an ongoing basis)

The rules for these people are as follows:

1. **“outside health care or personal care provider”**  
Y/Must show proof of vaccination, or wear a mask, maintain a two metre distance from every other person in the facility, except if necessary for the resident to whom they are providing care  
Y/Commencing on October 12, 2021, these people who are unvaccinated must not be in a facility.
2. **“outside support or personal service provider”**  
Y/They must show proof of vaccination or will not be allowed into a facility.
3. **“other outside provider”**  
Y/An unvaccinated regular other outside provider who has close contact with a resident must not be in a facility.  
Y/An unvaccinated regular other outside provider who does NOT have close contact with a resident, must wear mask and maintain a two metre distance from every other person in the facility.

- After Oct 12 these people will need to be vaccinated
- Y/An unvaccinated occasional other outside provider who has close contact with a resident must wear a mask and maintain a two metre distance from every person in the facility, except a resident with whom they have contact
- After Oct 12 these people will need to be vaccinated
- Y/An unvaccinated occasional other outside provider who does NOT have close contact with a resident must wear mask and maintain a two metre distance from every other person in the facility

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

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**From:** Emerson, Brian P HLTH:EX

**Sent:** August 19, 2021 7:47 AM

**To:** Barclay, Corrie A HLTH:EX <[Corrie.Barclay@gov.bc.ca](mailto:Corrie.Barclay@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Aitken, Jeff HLTH:EX <[Jeff.Aitken@gov.bc.ca](mailto:Jeff.Aitken@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Neilson, Karen HLTH:EX <[Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Woodward, Elaine HLTH:EX <[Elaine.Woodward@gov.bc.ca](mailto:Elaine.Woodward@gov.bc.ca)>; Gray, Andrew Dr. HLTH:IN <[Andrew.gray@northernhealth.ca](mailto:Andrew.gray@northernhealth.ca)>; 'Daly, Patty [VCH]' <[Patricia.Daly@vch.ca](mailto:Patricia.Daly@vch.ca)>; XT:HLTH Pollock, Sue <[sue.pollock@interiorhealth.ca](mailto:sue.pollock@interiorhealth.ca)>; 'Parker, Dr. Robert' <[Robert.Parker@interiorhealth.ca](mailto:Robert.Parker@interiorhealth.ca)>; XT:HLTH Brodtkin, Elizabeth <[elizabeth.brodtkin@fraserhealth.ca](mailto:elizabeth.brodtkin@fraserhealth.ca)>; 'Jong Kim (Jong.Kim@northernhealth.ca)' <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>; XT:Lysyshyn, Mark Dr. HLTH:IN <[Mark.Lysyshyn@vch.ca](mailto:Mark.Lysyshyn@vch.ca)>; XT:McDonald, Shannon HLTH:IN <[Shannon.McDonald@fnha.ca](mailto:Shannon.McDonald@fnha.ca)>; 'Monika Naus (monika.naus@bccdc.ca)' <[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)>; Lavoie, Martin HLTH:EX <[Martin.Lavoie@gov.bc.ca](mailto:Martin.Lavoie@gov.bc.ca)>; XT:HLTH Fyfe, Murray <[murray.fyfe@viha.ca](mailto:murray.fyfe@viha.ca)>; 'Nel Wieman' <[Nel.Wieman@fnha.ca](mailto:Nel.Wieman@fnha.ca)>; XT:HLTH Stanwick, Richard <[richard.stanwick@viha.ca](mailto:richard.stanwick@viha.ca)>; XT:Mema, Dr. Silvina HLTH:IN <[Silvina.Mema@interiorhealth.ca](mailto:Silvina.Mema@interiorhealth.ca)>; XT:Tyler, Ingrid FRHA:IN <[ingrid.tyler@fraserhealth.ca](mailto:ingrid.tyler@fraserhealth.ca)>; 'Matt Prescott' <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; 'Dave Hanacek' <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; 'Michael McMillan' <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; 'Paul Todd' <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Rongve, Ian HLTH:EX <[Ian.Rongve@gov.bc.ca](mailto:Ian.Rongve@gov.bc.ca)>; Therrien, Darlene <[Darlene.Therrien@gov.bc.ca](mailto:Darlene.Therrien@gov.bc.ca)>; Anderson, Kristy <[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)>; Hrycuik, Lorie <[Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)>; Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>; Diacu, Razvan HLTH:EX <[Razvan.Diacu@gov.bc.ca](mailto:Razvan.Diacu@gov.bc.ca)>; Smith, Leah M HLTH:EX <[Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca)>; Gudavicius, Geoff HLTH:EX <[Geoff.Gudavicius@gov.bc.ca](mailto:Geoff.Gudavicius@gov.bc.ca)>; Richards, Heather A HLTH:EX <[Heather.Richards@gov.bc.ca](mailto:Heather.Richards@gov.bc.ca)>; 'Carvalho, Chris [PHSA]' <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; 'Pannekoek, Joanna [PHSA]' <[joanna.pannekoek@phsa.ca](mailto:joanna.pannekoek@phsa.ca)>; Fraser, Christine HLTH:EX <[Christine.A.Fraser@gov.bc.ca](mailto:Christine.A.Fraser@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; 'Narv Gill' <[Narv.Gill@heabc.bc.ca](mailto:Narv.Gill@heabc.bc.ca)>; Reka Gustafson <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>; 'Larder, Andrew [BCCDC]' <[andrew.larder@bccdc.ca](mailto:andrew.larder@bccdc.ca)>; 'Corneil, Trevor [NH]' <[Trevor.Corneil@northernhealth.ca](mailto:Trevor.Corneil@northernhealth.ca)>

**Cc:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Fletcher, Quinn HLTH:EX <[Quinn.Fletcher@gov.bc.ca](mailto:Quinn.Fletcher@gov.bc.ca)>; Youngs, Kirsten R <[Kirsten.Youngs@gov.bc.ca](mailto:Kirsten.Youngs@gov.bc.ca)>; [Leah.Holoday@gov.bc.ca](mailto:Leah.Holoday@gov.bc.ca)

**Subject:** RE: COVID-19 Vaccination Status Information and Preventive Measures Order

**Importance:** High

Good morning.

Please hold on distribution of this order.

The program area has identified challenges with regards to immediate implementation of the rules wrt outside providers, particularly for Assisted Living facilities, so we will be looking at options to ensure that care provided by these people is not unduly interrupted. Hoping to sort that out by end of the day.

Thanks for your patience.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Emerson, Brian P HLTH:EX

**Sent:** August 18, 2021 2:24 PM

**To:** Barclay, Corrie A HLTH:EX <[Corrie.B Barclay@gov.bc.ca](mailto:Corrie.B Barclay@gov.bc.ca)>; Wright, Martin P HLTH:EX <[Martin.P.Wright@gov.bc.ca](mailto:Martin.P.Wright@gov.bc.ca)>; Aitken, Jeff HLTH:EX <[Jeff.Aitken@gov.bc.ca](mailto:Jeff.Aitken@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Hayward, Ross HLTH:EX <[Ross.Hayward@gov.bc.ca](mailto:Ross.Hayward@gov.bc.ca)>; Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>; Neilson, Karen HLTH:EX <[Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca)>; Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Woodward, Elaine HLTH:EX <[Elaine.Woodward@gov.bc.ca](mailto:Elaine.Woodward@gov.bc.ca)>; Gray, Andrew Dr. HLTH:IN <[Andrew.gray@northernhealth.ca](mailto:Andrew.gray@northernhealth.ca)>; Daly, Patty [VCH] <[Patricia.Daly@vch.ca](mailto:Patricia.Daly@vch.ca)>; XT:HLTH Pollock, Sue <[sue.pollock@interiorhealth.ca](mailto:sue.pollock@interiorhealth.ca)>; 'Parker, Dr. Robert' <[Robert.Parker@interiorhealth.ca](mailto:Robert.Parker@interiorhealth.ca)>; XT:HLTH Brodtkin, Elizabeth <[elizabeth.brodtkin@fraserhealth.ca](mailto:elizabeth.brodtkin@fraserhealth.ca)>; Jong Kim (<[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>) <[Jong.Kim@northernhealth.ca](mailto:Jong.Kim@northernhealth.ca)>; XT:Lysyshyn, Mark Dr. HLTH:IN <[Mark.Lysyshyn@vch.ca](mailto:Mark.Lysyshyn@vch.ca)>; XT:McDonald, Shannon HLTH:IN <[Shannon.McDonald@fnha.ca](mailto:Shannon.McDonald@fnha.ca)>; Monika Naus (<[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)>) <[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)>; Lavoie, Martin HLTH:EX <[Martin.Lavoie@gov.bc.ca](mailto:Martin.Lavoie@gov.bc.ca)>; XT:HLTH Fyfe, Murray <[murray.fyfe@viha.ca](mailto:murray.fyfe@viha.ca)>; Nel Wieman <[Nel.Wieman@fnha.ca](mailto:Nel.Wieman@fnha.ca)>; XT:HLTH Stanwick, Richard <[richard.stanwick@viha.ca](mailto:richard.stanwick@viha.ca)>; XT:Mema, Dr. Silvina HLTH:IN <[Silvina.Mema@interiorhealth.ca](mailto:Silvina.Mema@interiorhealth.ca)>; XT:Tyler, Ingrid FRHA:IN <[ingrid.tyler@fraserhealth.ca](mailto:ingrid.tyler@fraserhealth.ca)>; Matt Prescott <[MattP@heabc.bc.ca](mailto:MattP@heabc.bc.ca)>; Dave Hanacek <[DaveH@heabc.bc.ca](mailto:DaveH@heabc.bc.ca)>; Michael McMillan <[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)>; Paul Todd <[Paul.Todd@heabc.bc.ca](mailto:Paul.Todd@heabc.bc.ca)>; Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Rongve, Ian HLTH:EX <[Ian.Rongve@gov.bc.ca](mailto:Ian.Rongve@gov.bc.ca)>; Therrien, Darlene <[Darlene.Therrien@gov.bc.ca](mailto:Darlene.Therrien@gov.bc.ca)>; Anderson, Kristy <[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)>; Hryciuk, Lorie <[Lorie.Hryciuk@gov.bc.ca](mailto:Lorie.Hryciuk@gov.bc.ca)>; Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>; Diacu, Razvan HLTH:EX <[Razvan.Diacu@gov.bc.ca](mailto:Razvan.Diacu@gov.bc.ca)>; Smith, Leah M HLTH:EX <[Leah.Smith@gov.bc.ca](mailto:Leah.Smith@gov.bc.ca)>; Gudavicius, Geoff HLTH:EX <[Geoff.Gudavicius@gov.bc.ca](mailto:Geoff.Gudavicius@gov.bc.ca)>; Richards, Heather A HLTH:EX <[Heather.Richards@gov.bc.ca](mailto:Heather.Richards@gov.bc.ca)>; Carvalho, Chris [PHSA] <[chris.carvalho@phsa.ca](mailto:chris.carvalho@phsa.ca)>; Pannekoek, Joanna [PHSA] <[joanna.pannekoek@phsa.ca](mailto:joanna.pannekoek@phsa.ca)>; Fraser, Christine HLTH:EX <[Christine.A.Fraser@gov.bc.ca](mailto:Christine.A.Fraser@gov.bc.ca)>; Smith, Pam K HLTH:EX <[Pam.K.Smith@gov.bc.ca](mailto:Pam.K.Smith@gov.bc.ca)>; Narv Gill <[Narv.Gill@heabc.bc.ca](mailto:Narv.Gill@heabc.bc.ca)>  
**Cc:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Fletcher, Quinn HLTH:EX <[Quinn.Fletcher@gov.bc.ca](mailto:Quinn.Fletcher@gov.bc.ca)>; Youngs, Kirsten R <[Kirsten.Youngs@gov.bc.ca](mailto:Kirsten.Youngs@gov.bc.ca)>; Leah.Holoiday@gov.bc.ca

**Subject:** COVID-19 Vaccination Status Information and Preventive Measures Order

Good afternoon.

Thank you all for your work on this project and input to this Order. Attached is the final order that will be published on the web tomorrow morning. Also attached is the document with staff categories for reporting pursuant to the Order that are to be used by operators to report the category of staff when reporting the other information into the portal.

In summary this order:

- Describes the legal basis for these actions – important for assuring that information and privacy issues are addressed and authorities for the requirements are clear.
- Requires that, by September 1, operators and contractors collect name, birthdate and PHN of residents and staff (with categories of staff) and report this information to the PHO via the portal so that it can be linked to the Provincial Immunization Registry to determine vaccination status.
- Requires implementation of preventive measures to start on September 8, which includes:
  - Unvaccinated staff must wear a mask and be rapid tested at every shift. This frequency was chosen for simplicity of implementation given the variety of shift patterns. It will be in place for 5 weeks by which time the mandatory vaccination for employment order will be in effect, so will be revisited then.
  - If the rapid test is positive a PCR test must be done as soon as possible.
  - Unvaccinated staff who do not wear a mask or get tested will be excluded from the facility.
  - Operators must request proof of vaccination from outside providers. Those who regularly visit e.g. volunteers, or occasionally visit but have close contact with residents e.g. physios, physicians and are unvaccinated will not be allowed into the facility.



- Unvaccinated occasional outside providers who do not have close contact with a resident e.g. tradespeople must wear a mask.
- Unvaccinated people whose health may be seriously jeopardized by the preventive measures (i.e. having to wear a mask or be tested) have the right under section 56 of the *Public Health Act* to seek accommodation from the medical health officer. Note that vaccination is not a preventive measure. Those who meet this criteria and choose to be unvaccinated would be likely be told to be vaccinated. There could be a very rare scenario where someone would be unvaccinated due to medical contraindication, and would also have a medical contraindication to wearing a mask or be tested, which would have to be sorted out by the MHO. Reconsiderations are allowed to help address potential human rights issues such as religious beliefs against wearing a mask or being tested. This is also expected to be very rare.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C <sup>s.17</sup>

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## Re: Medical Exemption for vaccine passports

---

From: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>  
To: Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 6:25:22 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Bonnie

I don't know if this has been discussed at PHEC or SAC. In my view there should be virtually nobody with a contraindication to both the mRNA and adenovirus vector vaccines. These don't contain the same allergens. So as long as we provide both as options and get the mixed series issue sorted out, people with a contraindication to one type can receive the other type.

Thank you,

Monika

.....  
Monika Naus MD FRCPC  
Medical Director, Communicable Diseases & Immunization Service  
Medical Head, Immunization Programs & Vaccine Preventable Diseases  
BC Centre for Disease Control  
[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)  
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Cells.15

---

**From:** Bonnie.Henry@gov.bc.ca  
**Sent:** August 23, 2021 21:19  
**To:** Monika.Naus@bccdc.ca  
**Subject:** FW: Medical Exemption for vaccine passports

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and **do not** open attachments or click on links.

---

I am starting to get quite a few of these. How can we triage and manage? I would appreciate your advice!

Bonnie

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health*  
s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT  
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[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)  
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*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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**From:** s.22 <s.22 >  
**Sent:** August 23, 2021 4:17 PM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** Medical Exemption for vaccine passports  
**Importance:** High

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Please provide clarification for those that are unable to tolerate the vaccine with possibility of severe reactions. The BC website for disease control lists "who should not get the vaccine, " clearly stating severe reactions to PEG products found in colonoscopy preparation and certain cough syrups. A call to a C-19 pharmacist describing symptoms and reactions stated "not to get vaccine until allergy tested, or speaking with family physician. After speaking with physician a requisition for allergy testing was submitted. I am also categorized into a CV group and received the said letter back in early April from yourself, a standard form letter. I am unable to get an allergy test until early September and this after waiting the mandatory three months. Please provide clarification on this matter and clear direction. I am not an anti-vaccinator, but on both occasions ended up in the hospital ER from severe reactions from PEG and cough syrup combined with wrong antibiotics. I do not attend sports events, or large social gatherings, do not travel because of other health considerations, but do attend to restaurants and require use of a gym for spine and back issues. Thank you.

s.22 BC resident

## RE: personal query re: bc transplant recipients getting 3rd dose especially in interior health area

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: s.22 <s.22>  
Sent: August 23, 2021 6:40:26 PM PDT

This is something we are following closely and the data is being reviewed right now by the National Advisory Committee on Immunization. We expect to have their advice in the first week of September and will be offering the third dose if it is needed very soon after that.

In the meantime it is important for everyone around her to be protected as this helps protect her as well.

My best,

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health

s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT

Victoria, BC

V8W 9P4

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

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From: s.22 <s.22>

Sent: August 23, 2021 2:32 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Subject: personal query re: bc transplant recipients getting 3rd dose especially in interior health area

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dear Dr. Henry:

s.22

and I live in Vernon in the Interior Health Authority. I am one of your biggest fans. You have done so well throughout this pandemic and we are all so proud of you and grateful to have your expertise.

My wife, s.22 has had Systemic Lupus since she was 21, over 45 years ago now. As a result of the drugs she was required to take to manage the lupus, she eventually had to have a s.22

s.22 In one of those great & moving stories that so often occur in organ transplant stories, s.22 brothers s.22 gave her one of his kidney's and she has been so healthy ever since, and we are so grateful for that..

s.22 has had two doses of the vaccine for Covid19, but because of the powerful anti-rejection drugs she must take for her kidney transplant, she is only 37% protected against Covid19 and its variants. Though it seems that both Ontario and Saskatchewan have recognized the dilemma organ transplants face, especially the spike in delta variant incidents of the disease, there have been no plans announced to deal with Jude's current dilemma here in BC. We're unsure whether this is due to lack of advocacy or not, but Jude and I are really concerned about s.22 getting that 3rd dose so she is not forced to risk contracting Covid19 here in the Interior Health Region, or being so isolated for so long. So on behalf of all organ transplant recipients in this province, I am asking you to consider making some exception for these people by granting them access to a third dose.

I can't even imagine how busy you must be, but we really needed to tell you how concerned and stressed we are.

Many thanks for your incredible work

Sincerely,

s.22

## Advanced Education news release

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From: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 7:08:47 PM PDT  
Attachments: SN\_COVID\_ReturntoCampus\_AEST\_MAK\_Aug23\_635 clean.docx,  
KMQA\_COVID\_ReturntoCampus\_AEST\_Aug23\_635pm clean.docx,  
NR\_COVID\_ReturntoCampus\_AEST\_Aug23\_635pm clean.docx

Hi Dr. Henry,

The materials for the AEST portion of the announcement are attached. The news release is in a better place than earlier today.

Let me know if you would like edits to your quote or have concerns with any of the content.

Thanks,

Aileen Machell  
Communications Director, Health Communications  
250-361-5381



## SPEAKING POINTS FOR

Minister Anne Kang

Ministry of Advanced Education and Skills Training

### **MANDATORY MASK ANNOUNCEMENT**

Tuesday, August 24, 2021

Time 9:30 a.m.

**Location:**  
Victoria

Please check against delivery

## **Event Summary:**

Back-to-School 2021 announcement:  
Updated health and safety guidelines released for K-12 schools

Date: August 24, 2021

Event Start Time: 9:30 a.m.

<b>Time</b>	<b>Event Itinerary</b>
9:15 a.m.	Pre-brief with Joleen Badger, GCPE Events (604) 916-3551 Location: Events Studio, B.C. Legislature (TBD)  In-person: <ul style="list-style-type: none"><li>• <b>Jennifer Whiteside</b>, Minister of Education</li><li>• <b>Anne Kang</b>, Minister of Advanced Education and Skills Training</li><li>• <b>Dr. Bonnie Henry</b>, Provincial Health Officer (PHO)</li></ul>
9:25 a.m.	Minister of Education Jennifer Whiteside, Minister of Advanced Education and Skills Training Anne Kang and Dr. Bonnie Henry are led to speaking area of the Press Theatre and positioned next to microphone ensuring physical distance.
9:30 a.m.	<b>Minister of Education, Jennifer Whiteside</b> Makes announcement about the following: <ul style="list-style-type: none"><li>• Back to school overview including full-time in-class instruction, health and safety guidelines including mask guidelines/guidance</li><li>• Return to extracurricular activities and sports</li><li>• No learning groups or cohorts</li></ul>
9:38 a.m.	<b>Minister Whiteside</b> introduces <b>Minister Kang</b>
9:39 a.m.	<b>Minister of Advanced Education and Skills Training, Anne Kang</b> <ul style="list-style-type: none"><li>• Highlight health and safety measures for post-secondary institutions in B.C.</li></ul>
9:43 a.m.	<b>Minister Kang</b> finishes speaking. Minister Whiteside introduces Dr. Bonnie Henry to speak about masks, vaccinations and BCCDC guidelines
9:43 a.m. to 9:48 a.m.	<b>Dr. Bonnie Henry, Provincial Health Officer (PHO)</b> <ul style="list-style-type: none"><li>• Highlight the provincial mask mandate to begin the school year and speak to the importance of vaccinations and vaccination rates in B.C.</li><li>• Outline timelines for vaccinations for children under 12</li></ul>
9:50 a.m.	<b>Minister Jennifer Whiteside</b> thanks <b>Dr. Henry</b>
9:51 a.m.	Media questions for <b>Minister of Education Jennifer Whiteside, Minister of Advanced Education and Skills Training Anne Kang</b> and <b>Dr. Bonnie Henry</b>
10:15 a.m.	End of questions and event.

## Introduction

- Thank you.
- It is my honour to join you from the traditional territory of the Lekwungen speaking peoples known as the Songhees and Esquimalt First Nations and thank them for the ability to gather and work on their land.
- I would like to begin by acknowledging what a challenging time has been for students, faculty and staff at B.C.'s colleges and universities.
- I am grateful to everyone who has done their part to help keep our communities safe.
- And I want to acknowledge how difficult the pandemic has been for students.
- It's affected your ability to learn, work and stay connected to your friends and families.
- The pandemic has affected students, and this fall's plan to return to in-person learning is so important for everyone to come back together safely.
- I know we can do it.
- I am grateful because I know that Dr. Henry and her team of public health experts are working hard to ensure the right measures are in place to keep everyone on B.C. campuses safe as we return to in-person classes.
- In July, a team of experts released the COVID-19 Return-to-Campus Guidelines, recognizing that the guidelines would

require periodic updates to align with evolving public health guidance.

- We've been listening to students, faculty and staff from across the province. I will let Dr. Henry speak to the details, but our close working relationship with public health has led to two new requirements that will change in-person learning on campus.
- The guidelines are being updated to reflect the new mask order and the proof of vaccine requirement – in particular for students living in student housing.
- For campus life, the new provincial proof of vaccination requirement announced yesterday means people must be vaccinated in order to:
  - Live in student housing
  - go to the pub
  - go to the gym – including for varsity athletes
  - attend an indoor club meeting, like joining a choir
- And of course, that same proof of vaccination will also be required for activities that can be a big part of student life – like indoor concerts and sporting events.
- Colleges and universities may choose to adopt their own vaccine policies or ask for proof of vaccination that go beyond those set out of the provincial health order.
- Those that do so should work with public health and will be responsible for doing their own due diligence.



- The goal is to get more people vaccinated, because we know our safety on campus increases when as more people are vaccinated.
- If you haven't gotten your vaccine – do not delay.
- Book your appointment today, and make the positive choice to get vaccinated, protect your community and continue to enjoy the activities you love.
- It's part of ensuring a safe return to campus.
- I'm confident the new vaccine requirements on campus, and mandatory masks will help keep people on campus safe, and give students, faculty and staff the confidence they need for a successful return to campus!
- Thank you.

## Questions & Answers

### Return to Campus – Mask Orders and Proof of Vaccination

*Ministry of Advanced Education and Skills Training*  
August 24, 2021

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- **Post-secondary institutions across the province are continuing to plan for a safe return to in-person learning this fall, guided by public health advice.**
  - **We know many students, faculty and staff are eager to return to campus, while some may be feeling a bit anxious.**
  - **Public Health has been working closely with the sector to update guidelines and ensure a safe return to campus.**
  - **This includes new proof of vaccination requirements for student housing and some non-essential services on campus, as well as a mask mandate for all indoor public areas on campuses.**
  - **Getting vaccinated is the most important thing we can all do to keep one another safe.**
  - **B.C.'s vaccination coverage is now amongst the best in the world and vaccines have transformed how we live with COVID-19.**
  - **Our priority has always been, and continues to be, the health and safety of students, faculty, and staff at our post-secondary institutions.**
- 

#### **1. Why don't post-secondary institutions have the autonomy/ flexibility to enact their own vaccine and mask policies, like Ontario?**

- The post-secondary sector has always worked to be in alignment with public health, and the COVID-19 Return-to-Campus Guidelines were put in place in July to help institutions plan.
  - Public health has been reviewing the guidelines over the past few weeks to ensure they reflect what's happening with the pandemic right now.
  - The Provincial proof of vaccination requirement covers many parts of campus life – from student housing to going to the gym.
-

- But like any other business or organization, post-secondary institutions can also make their own decisions on vaccination policy for other settings. But that's a decision for them and one they would need to do their own due diligence on.
- This approach ensures that there's a baseline that's consistent across all colleges, institutes, and universities, while respecting their autonomy.

**2. Did your ministry write to post-secondary institutions telling they could not implement their own policies?**

- The post-secondary sector has always worked together to follow public health guidance. New COVID 19 Guidelines were released in July to help institutions plan.
- Public health has been reviewing them over the past few weeks to ensure they reflect what's happening with the pandemic right now.
- The guidelines were released in July to help institutions plan, and we've always said the plan to return to in person learning will follow the latest advice of public health professionals who are continuing to watch the changing nature of the pandemic.
- The guidelines are now being updated to reflect the new mask order and proof of vaccine requirements.

**3. If students in student housing decline to be vaccinated or cannot be vaccinated will they lose their accommodations? Will any deposits be refunded to them?**

- Details are being worked out and we will have more information in the coming days.
- The Ministry and public health will provide the policy framework to support this requirement.

**4. What about international students?**

- The mask mandate and proof of vaccination requirements apply to all students, domestic and international.
- For those travelling to Canada for the school year, the guidelines for travel and quarantine the federal government's responsibility. We continue to engage with them on these issues.
- All students will be offered free vaccinations.

**5. What about ventilation systems in post-secondary settings? Why is there a different focus for K-12 schools?**

- Institutions should ensure that building ventilation (HVAC) systems are operating and maintained in accordance with WorkSafeBC requirements and relevant ASHRAE1 Standards for indoor air quality.
- Post-secondary institutions and elementary or secondary schools are vastly different learning environments with unique needs.
- Unlike those attending university and colleges, kids and teenagers have not all received vaccines at this point, which increases the importance of ventilation.
- Institutions should ensure that building ventilation (HVAC) systems are running and kept following WorkSafeBC standards.
- Over the last weeks, a number of institutions in B.C. have made public statements about ensuring their ventilation systems are ready for when classes begin in September.

**6. Are varsity sports included in the provincial proof of vaccination?**

- Athletes who play varsity sports will require proof of vaccination to use on-campus gym facilities or take part in high intensity group exercise activities.
- For sports that are played indoors, spectators will also need proof of vaccination to attend ticketed games and events.

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## NEWS RELEASE

For Immediate Release  
[AEST-##### ]  
August 24, 2021

Ministry of Advanced Education  
and Skills Training

### **Health and safety remain top priority for fall return to campus**

VICTORIA – Students, faculty and staff at B.C.'s colleges and universities are being supported to come back together for in-person learning this fall with added health and safety measures ordered by the provincial health officer. A new mask mandate for college and university campuses follows the announcement that B.C. will be introducing proof of vaccine requirement for some non-essential services, including on-campus.

"In response to rising COVID-19 cases and as students return to in-person learning on campus, I am issuing a new mandatory mask order for all indoor public areas on campus," said Dr. Bonnie Henry, provincial health officer. "It's vitally important for post-secondary students that we resume in person learning to support young people's well-being and with these added measures and increasing vaccination rates we are confident we can do so." (NOT APPROVED)

The mask order will apply in all indoor public areas on campus including lobbies, hallways, stairwells, elevators, classrooms, and labs.

"I know how challenging the past 18 months has been, and I am grateful for the work Dr. Henry and her team are doing to help guide post-secondary institutions as they make their plans for a safe return to in-person learning," said Anne Kang, Minister of Advanced Education and Skills Training. "The pandemic has been difficult on students, faculty and staff at B.C.'s colleges, institutes and universities and with these added measures we can continue to move forward and come back together safely." (NOT APPROVED)

Post-secondary institutions have been following public health advice in the measures they put in place at their campuses. In July 2021, a team of experts from the post-secondary sector, regional health authorities, the BC Centre for Disease Control, and the Office of the Provincial Health Officer released *COVID-19 Return-to-Campus Guidelines*, noting that the guidelines would require periodic updates to align with evolving public health guidance.

The guidelines are currently being updated to reflect the new mask order and the proof of vaccine requirement. The guidelines will be updated by the start of school and will be posted here: <https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/institution-resources-administration/studying-during-covid-19>

As part of the new provincial vaccine requirement, accessing some non-essential services on campus will now require a proof of vaccination. This will be applicable to on-campus indoor venues including but not limited to gyms, nightclubs, restaurants and a variety of indoor events such as sporting events and concerts. Students who are living in on-campus housing will also require proof of vaccination. Further guidance will be developed in the coming days in

consultation with public health, including which types of student housing facilities will be subject to this requirement. This will come into effect Sept. 7, 2021.

Under the guidance of WorkSafeBC, institutions have developed communicable disease prevention plans to reduce the risk of all respiratory illnesses, including COVID-19. Post-secondary institutions may implement their own proof of vaccine requirement as a part of these plans however, they will be responsible for working with public health and doing their own due diligence.

#### **Quick Facts:**

- BC's vaccination coverage is among the highest in the world and that is what is transforming our ability to safely live with COVID-19.
- As of August 23, 2021, 83% of eligible people have received one dose and 75% of eligible people are now fully vaccinated.
- Vaccine clinics are being planned on campus in partnership with local health authorities.

#### **Learn more:**

Information about Ministry of Health proof of vaccination requirement announcement:  
<https://news.gov.bc.ca/releases/2021HLTH0053-001659>

Information about returning to post-secondary:  
[Post-secondary studies during COVID-19 - Province of British Columbia \(gov.bc.ca\)](#)

Register for your vaccine now:  
<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register>  
Or call 1 833 838-2323.

Get secure access to your health information through Health Gateway:  
<https://www.healthgateway.gov.bc.ca/>

ArriveCAN App:  
<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/arrivecan.html>

Free mental health support for post-secondary students: <https://here2talk.ca/home>

#### **Contact:**

Ministry of Advanced Education and Skills Training  
Media Relations  
250 883-0969

## PSIs: what is in writing

From: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>  
To: Stephen.Brown@gov.bc.ca [Ext] <Stephen.Brown@gov.bc.ca>, Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
Sent: August 23, 2021 7:10:58 PM PDT  
Attachments: PSI Letter Aug. 13D.docx, Feedback mask orders for the post-secondary sector.xlsx, COVID-19\_Campus-Rules\_V4\_2020.12.01.pdf, PHO Order Workplace & PSI Safety June 14 final.pdf

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Stephen, Bonnie and Brian,

I'm sorry our call was cut short. I was not entirely sure what you were looking for in writing, so I thought I'd outline what work we had been doing with post-secondary institutions with Brian, Michael, Naomi and the restart group.

1. We provided feedback on the restart guidelines which were published on July 5<sup>th</sup>.

<https://www2.gov.bc.ca/assets/gov/education/post-secondary-education/institution-resources-administration/covid19-return-to-campus-guidelines-web.pdf>

2. As the concerns from PSIs escalated, we reached out the Ministry of Advanced Education and drafted a letter; the draft is attached. This letter is now largely out of date, as it articulates a rationale for not mandating masks or vaccines. Since then, several things happened:

- While you were away, we recommended that a time limited PHO mask mandate would be helpful for the transition. Brian will be providing drafting instructions based on the existing mask mandate and feedback that we sought from PSIs. Both attached.
- We met with the Acting DM for Advanced Education last week, who requested that residences be included in the BC Vaccine Card. Our feedback at the time was that the Vaccine Card was a tool, which was different from the policy decision to mandate vaccines in residences. We learned through the release to today that the policy decision to include post secondary institution residences has been made.
- We asked to bring the PSI working group back together to support the implementation of transition back to campus. The first meeting of our group was today; a review of vaccine policies across Canada is next.

3. Bonnie, there is one specific request for the release tomorrow. Jeanne Sedun said that it would be very helpful if you could emphasize that the PHO orders are to address elevated risks of harms and that PSIs don't pose the kind of risk that warrants a mandate.

4. The Ministry of Advanced Education is calling a meeting tomorrow to follow-up on your comment that they as the employer can require vaccination. I'm not sure what mechanism exists for this, especially for staff who are already hired. They are asking me to go to this meeting—do you have any more details on this? What is the policy tool that would enable them to do this?

Please let Brian and I know what additional materials you were looking for.

Thank you

Reka

**Dr. Réka Gustafson MD FRCPC**

Vice President, Public Health and Wellness, PHSA & Deputy Provincial Health Officer  
Provincial Health Services Authority

Mail: 655 West 12<sup>th</sup> Avenue Vancouver, British Columbia V5Z 4R4 Canada

Phone: 604-707-2465 | Mobile: s.15 | Fax 604-707-2401

Email: [reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca) | [www.phsa.ca](http://www.phsa.ca) | [www.bccdc.ca](http://www.bccdc.ca)





Page 067 of 183 to/à Page 068 of 183

Withheld pursuant to/removed as

s.13



# COVID-19 Campus Rules

The health and safety of the UBC community is our first priority, and we continue to monitor COVID-19 and follow effective safety practices as understanding of the virus evolves.

To ensure persons in all workspaces and other UBC property remain safe as possible, it is required that all persons follow these **COVID-19 Campus Rules** as well as any other rules required of them by UBC. These rules may be supplemented by more detailed UBC rules or safety protocols governing specific locations or activities – for example in location or unit specific COVID-19 Safety Plans. If there is any conflict between these COVID-19 Campus Rules and more detailed UBC rules – the more detailed rules will govern. These COVID-19 Campus Rules may be amended from time to time.

These COVID-19 Campus Rules govern UBC's campuses and all other locations under UBC's control ("UBC Premises") and apply to all activities that take place on UBC Premises and all persons on UBC Premises. For greater certainty, UBC Premises do not include land leased to third parties (for example private residences, third party commercial spaces).

These rules do not govern student residents while they are in student residences operated by Student Housing and Community Services in Vancouver and Student Housing and Hospitality Service in Kelowna. Separate rules will apply to these students while they are in residence. These rules do apply to student residents when they are elsewhere on UBC Premises. The student housing rules for the Kelowna campus are here <https://okanagan.housing.ubc.ca/covid-19-residence-rules/>, and for the Vancouver campus are here <https://vancouver.housing.ubc.ca/residence-life/health-safety/covid-19/>.

1. All students, faculty, staff, and others must assess themselves daily for COVID-19 symptoms prior to engaging in in-person UBC activities on UBC Premises. A list of COVID-19 symptoms can be found here <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
2. Anyone who is ill or believes they have COVID-19 symptoms or exposure to SARS-CoV-2 must complete the BC self-assessment tool at <https://bc.thrive.health/> or through the BC COVID-19 Support App for their iOS or Android device and follow the instructions provided.

If the self-assessment tool recommends that a person get tested for COVID-19 or self-isolate they must do so. If required to get COVID-19 testing they should not return to UBC Premises until they have received the test results and followed any self-isolating recommendations. At the commencement of self-isolation:

- i. Faculty and staff of UBC must report their condition to their supervisor and manager. Their supervisor or manager will advise them of their options.
- ii. Contractors, volunteers or others with business on UBC Premises should advise their UBC contact person of their status.

3. All faculty and staff on campus must complete the mandatory online training module 'Preventing COVID-19 Infection in the Workplace' to be able to work on UBC Premises.
4. Anyone with a positive COVID-19 diagnosis can only return to work, or resume in-person UBC activities on UBC Premises, after 10 days have passed since the start of symptoms and the fever is gone. Additional information: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation> .
5. Anyone who has travelled internationally or had contact with a COVID-19 infected person may only return to UBC Premises after 14 days and 10 days respectively and may only resume in-person activities at UBC Premises when the fever is gone and they are feeling better.
6. Everyone is advised to maintain physical distance from others as much as possible.
7. Everyone must follow relevant signage and floor markings when moving around UBC Premises.
8. Supervisors will ensure that all faculty, staff and contractors are familiar with the site specific COVID-19 Safety Plans for their work areas – these will layout the plan for occupancy, traffic flow and hygiene at your worksite and within your building.
9. All persons must wear an appropriate mask (defined below) when inside buildings on UBC Premises unless:
  - i. you are the sole occupant of an enclosed room;
  - ii. one of the exceptions outlined in Attachment "A" apply; or
  - iii. an approved COVID-19 Safety Plan has been implemented that provides specific guidance regarding the use of masks.

An appropriate mask must have three layers of tightly woven fabric (cotton or linen), or be a commercially produced three layer disposable non-medical mask, and securely fit, without gaping, over the nose and mouth with ties or ear loops. For more information on appropriate masks please see <https://srs.ubc.ca/covid-19/health-safety-covid-19/>

For more information regarding COVID-19 rules please see <https://srs.ubc.ca/covid-19/health-safety-covid-19/>

#### **Ensuring Compliance:**

- Everyone on UBC Premises must comply with these COVID-19 Campus Rules and any other UBC rules.
- The Administrative Head of Unit or Supervisor for each unit has the responsibility to ensure that UBC rules and safety protocols are followed in their unit.

- Notices regarding applicable UBC rules and safety protocols will be posted at entrances to work places as well as communal areas (for example lunchrooms) for all workspaces.
- All faculty, staff and students are encouraged to bring concerns about the implementation of UBC rules or safety protocols or incidents of non-compliance to the attention of the Administrative Head of Unit or Supervisor.
- For support in investigating incidents of non-compliance or similar concerns by faculty and staff, Administrative Heads of Unit or their designates should contact their Human Resources Advisor or Faculty Relations Senior Manager.
- Failure to follow these COVID-19 Campus Rules or other rules or safety protocols by faculty or staff may result in discipline up to and including the termination of employment.
- Failure to follow these COVID-19 Campus Rules or other rules or safety protocols by students may result in discipline pursuant to the UBC Student Code of Conduct. For support regarding the application of the UBC Student Code of Conduct, Administrative Heads of Unit can contact Campus Security.
- Failure to follow these COVID-19 Campus Rules or other rules or safety protocols by contractors may result in the termination of your contract, and/or loss of access privileges up to and including being restricted from visiting UBC Premises.
- Failure to follow these COVID-19 Campus Rules or other rules or safety protocols by volunteers, visitors or other third parties on UBC Premises may result in loss of access privileges up to and including being restricted from visiting UBC Premises.

## Attachment "A" to UBC COVID-19 Campus Rules

### Indoor Mask Exceptions

#### General Exceptions

- Persons unable to wear a mask due to a health condition, including physical, behavioural, psychological or cognitive impairment;
- Persons unable to put on or remove a mask without the assistance of another person;
- Where communication with a person requires that a person to be able to see the speaker's mouth;
- If the mask is removed temporarily for the purposes of identifying the person wearing it;
- Children five years of age or younger are not required to wear a mask, although children over the age of two years should do so if possible. Note that certain locations at UBC (for example those operated by UBC Childcare Services) may have more detailed rules with respect to children wearing masks;
- Persons consuming food or beverages while seated in UBC dining facilities in seating areas designated for consuming food or beverages in accordance with an approved COVID-19 Safety Plan;
- While receiving a service from a health professional, if removing the face covering is necessary in order to receive the service;
- UBC faculty or staff or other persons assisting with a health or safety emergency;
- While on residence property residents of residences operated by Student Housing and Community Services in Vancouver and Student Housing and Hospitality Service in Kelowna are not subject to these Campus COVID-19 Rules but must comply with the housing specific rules for their residence area.

#### Third Parties on Campus

- These COVID-19 Campus Rules apply to third parties who have been granted a short-term rental of UBC space in addition to all other applicable government safety requirements, all contractual requirements, and any approved site specific UBC COVID-19 Safety Plan.
- These COVID-19 Campus Rules apply to third party contractors performing services for UBC in addition to all applicable government safety requirements, all contractual requirements, and any approved site specific UBC COVID-19 Safety Plan.

#### Other Exceptions

- Where an exception has been provided in writing by the Executive Director, Safety & Risk Services, after consultation with the UBC COVID-19 Safety Planning Steering Committee on the Vancouver Campus or the Director, Campus Operations and Risk Management after consultation with the UBCO COVID-19 Resumption, Planning and Coordination Committee.



## **ORDER OF THE PROVINCIAL HEALTH OFFICER**

(Pursuant to Sections 30, 31, 32, 39 (3) and 54 (1) (h) and 2, *Public Health Act*, S.B.C. 2008)

### ***WORKPLACE AND POST-SECONDARY INSTITUTION SAFETY - June 14, 2021***

The *Public Health Act* is at:

<http://www.bclaws.ca/civix/content/complete/statreg/08028/?xsl=/templates/browse.xsl>  
(excerpts enclosed)

**TO: EMPLOYERS AND WORKERS**

**TO: STUDENTS IN POST-SECONDARY INSTITUTIONS**

#### **WHEREAS:**

- A. On March 17, 2020 I provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases and outbreaks of a serious communicable disease known as COVID-19 among the population of the Province of British Columbia, constitutes a regional event as defined in section 51 of the *Public Health Act*;
- B. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. People spending time together indoors significantly increases the risk of the transmission of SARS-CoV-2 in the population, thereby increasing the number of people who develop COVID-19 and become seriously ill;
- D. Virus variants of concern, which are more transmissible and have the potential to cause more serious illness, including among younger populations, are now present in Canada and the Province, and have heightened the risk to the population.
- E. The Province continues to experience transmission of SARS-CoV-2, and to be at risk of rapid growth in cases of COVID-19 which can result in high levels of cases and increased clusters and outbreaks which, in turn, can increase the incidences of serious disease leading to hospitalizations, intensive care admissions and deaths, thereby putting undue pressure on the health care system to care for people, and on the public health system to carry out contact tracing for the purpose of preventing further transmission.

---

**Ministry of Health**

Office of the  
Provincial Health Officer

4<sup>th</sup> Floor, 1515 Blanshard Street  
PO Box 9648 STN PROV GOVT  
Victoria BC V8W 9P4  
Fax: (250) 952-1570  
<http://www.health.gov.bc.ca/pho/>

- F. Social interactions and close contact in the workplace between workers, and in post-secondary institutions between students, are associated with significant increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- G. Work which involves close contact between a worker and a client or customer puts workers and clients and customers at increased risk of transmission of SARS-CoV-2;
- H. Face coverings, when used in addition to other preventative measures, such as physical distancing and barriers, can help to reduce the risk of the transmission of SARS-CoV-2.
- I. I have reason to believe and do believe that
  - i. the risk of a cluster or an outbreak of COVID-19 in a workplace or a post-secondary institution constitutes a health hazard under the *Public Health Act*;
  - ii. there is a need for focused action to reduce the rate of the transmission of SARS-CoV-2 which extends beyond the authority of one or more medical health officers;
  - iii. coordinated action is needed to protect workers in workplaces and students in post-secondary institutions from the transmission of SARS-CoV-2;
  - iv. and it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39 (3) and 54 (1) (h) and (2) of the *Public Health Act* **TO ORDER** as follows:

## **THIS ORDER**

### **REPEALS AND REPLACES MY ORDER OF MAY 21, 2021 WITH RESPECT TO WORKPLACE AND POST-SECONDARY INSTITUTION SAFETY**

#### **Definitions in this Order:**

**“classroom”** means an inside area in which a post-secondary institution provides instruction in an educational or training program;

**“face covering”** means either of the following that covers the nose and mouth of a person:

- (a) a medical or non-medical mask;
- (b) a tightly woven fabric;

**“health check”** means reviewing the entry requirement and key questions at <https://www.worksafebc.com/en/about-us/covid-19-updates/health-and-safety/health-checks> and which are on the poster at <https://www.worksafebc.com/en/resources/health-safety/posters/helpprevent-spread-covid-19-entrycheck-workers?lang=en>

**“inside common area”** means an inside area of a workplace, other than a working area, that is in common use by workers or students, **including:**

- i. elevators, lobbies, hallways, stairwells, bathrooms, break rooms, staff kitchens, cafeterias, fitness facilities;
- ii. a workplace vehicle, if there is more than one person in the vehicle;
- iii. a vehicle provided by a post-secondary institution to transport students, if there is more than one person in the vehicle;

but, for certainty, does not include a classroom in a post-secondary institution, a learning space in a school, or an area in a building under construction;

**“personal service establishment”** means an establishment in which a person provides a service to or on the body of another person, and includes a barbershop, beauty parlour, health spa, massage parlour, tattoo shop, sauna and steam bath;

**“physical barrier”** means a barrier which is designed, installed and maintained in accordance with WorkSafeBC guidance at <https://www.worksafebc.com/en/resources/health-safety/information-sheets/covid-19-health-safety-designing-effective-barriers?lang=en>;

**“post-secondary institution”** includes an entity that provides any of the following programs:

- (a) an educational or training program provided under
  - (i) the *College and Institute Act*,
  - (ii) the *Royal Roads University Act*,
  - (iii) the *Thompson Rivers University Act*,
  - (iv) the *University Act*,
  - (v) the *Private Training Act*, or
  - (vi) the *Chartered Professional Accountants Act*
- (b) a program provided in accordance with a consent given under the *Degree Authorization Act*;
- (c) a theological education or training program provided under an Act;

**“school”** means any of the following:

- (a) a school as defined in the *School Act*;
- (b) a francophone school as defined in the *School Act*;
- (c) a Provincial school as defined in the *School Act*;
- (d) an independent school as defined in the *Independent School Act*;
- (e) a school operated on First Nation land by the government of Canada or by a participating First Nation or a Community Education Authority established by one or more participating First Nations under the *First Nations Jurisdiction over Education in British Columbia Act* (Canada);
- (f) a school operated by the Nisga’a Nation, or a treaty first nation, under its own laws;

**“student”** means a person who participates in an educational or training program provided by a post-secondary institution;



**“worker”** means a person who works in a workplace;

**“workplace”** does not include a worker’s private residence.

1. Employers must review their COVID-19 safety plans to ensure that their plan adequately protects workers from the transmission of COVID-19 in the workplace and is consistent with WorkSafeBC requirements.
2. Employers must put in place processes to support workers in carrying out a daily health check before working in a workplace, and must put in place processes to ensure that a worker who has not carried out and passed a health check does not work in a workplace.
3. If an employer is not satisfied that a worker has carried out and passed the daily health check, the employer must not permit the worker to work in a workplace,
4. A worker who has not carried out and passed the daily health check must not work in a workplace.
5. Employers must include in their COVID-19 safety plan measures to prevent workers from crowding together or congregating in inside common areas.
6. Employers must include in their COVID-19 safety plan a requirement that a worker must wear a face covering over their nose and mouth, when
  - a. in an inside common area,
  - b. providing services to a client in a personal service establishment,
  - c. serving a customer in premises to which the *Food and Liquor Serving Premises* order applies.
  - d. serving customers in a retail business.
7. A worker must wear a face covering over their nose and mouth, when
  - a. in an inside common area,
  - b. providing services to a client in a personal service establishment,
  - c. serving a customer in premises to which the *Food and Liquor Serving Premises* order applies, or
  - d. serving customers in a retail business.

8. A worker in a personal service establishment, or premises to which the *Food and Liquor Serving Premises* order applies, or serving customers in a retail business, who is not wearing a face covering over their nose and mouth as required by section 7, due to the application of an exemption in section 11, other than section 11 j. or temporarily, must not provide services to a client, or serve a customer, unless there is a physical barrier between the worker and the client or customer.
9. A student must wear a face covering over their nose and mouth when in an inside common area or a classroom of a post-secondary institution.
10. A student who is not wearing a face covering over their nose and mouth, other than as provided for in section 11, must not be in an inside common area or a classroom of a post-secondary institution.
11. Despite sections 7 and 9, a worker or a student is not required to wear a face covering over their nose and mouth, if
  - a. the worker or student is unable to put on or remove a face covering without the assistance of another person;
  - b. the worker or student is unable to wear a face covering because of
    - i. a psychological, behavioural or health condition, or
    - ii. a physical, cognitive or mental impairment;
  - c. the face covering is removed temporarily for the purpose of identifying the worker or student wearing it;
  - d. the face covering is removed temporarily to communicate with a person with a disability or diverse ability, where visual cues, facial expressions or lip reading or lip movements are important;
  - e. the worker is consuming food or a beverage in an area designated by the employer for that purpose, and the worker is seated and maintains a distance of two metres from other workers in the area;
  - f. the student is consuming food or a beverage in an area designated by a post-secondary institution for that purpose, and the student is seated and maintains a distance of two metres from other students in the area;
  - g. the worker or student is carrying out personal hygiene;
  - h. the worker is the only person in the workplace;

- i. the student is playing a musical instrument in the course of the student's educational program and is unable to play the instrument while wearing a face covering;
- j. there is a physical barrier which blocks the transmission of droplets between
  - i. the worker and other workers,
  - ii. the worker and a client a personal service establishment,
  - iii. the worker and a customer in premises to which the *Food and Liquor Serving Premises* order applies,
  - iv. the worker and a customer in a retail business, or
  - v. the student and other students.

12. A post-secondary institution must put in place measures to prevent students from crowding together or congregating in inside common areas and classrooms.

This Order does not have an expiration date.

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*, I will not be accepting requests for reconsideration of this Order.

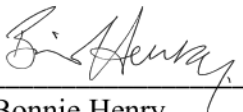
You are required under section 42 of the *Public Health Act* to comply with this Order. Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

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

You may contact me at:

Dr. Bonnie Henry, Provincial Health Officer  
 4th Floor, 1515 Blanshard Street  
 PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
 Fax: (250) 952-1570  
 Email: [ProvHlthOffice@gov.bc.ca](mailto:ProvHlthOffice@gov.bc.ca)

DATED THIS: 14<sup>th</sup> day of June 2021

SIGNED:   
Bonnie Henry  
MD, MPH, FRCPC  
Provincial Health Officer

DELIVERY BY: Posting to the BC Government the BC Centre for Disease Control websites.

Enclosure: Excerpts of the *Public Health*

**ENCLOSURE**

**Excerpts of the Public Health Act [SBC 2008] c. 28**

***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;

**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.

### **General emergency powers**

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

- (h) not reconsider an order under section 43 [*reconsideration of orders*], not review an order under section 44 [*review of orders*] or not reassess an order under section 45 [*mandatory reassessment of orders*];

(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*];

## NSW & BC Collaboration Initiative

From: Hunter, James (Sydney) <jhunter@kpmg.com.au>  
To: Ian.Rongve@gov.bc.ca, Chad.Vandermolen@gov.bc.ca, Bonnie.Henry@gov.bc.ca, Lorie.Hrycuik@gov.bc.ca, Ashley.Halicki@gov.bc.ca, Sean.LaGuardia@gov.bc.ca, Patrick.Ewing@gov.bc.ca, Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>, Ewing, Patrick FIN:EX <Patrick.Ewing@gov.bc.ca>, La Guardia, Sean FIN:EX <Sean.LaGuardia@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Vandermolen, Chad HLTH:EX <Chad.Vandermolen@gov.bc.ca>  
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Sent: August 23, 2021 7:13:04 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

To Dr Henry, Lorie, Ian, Chad, Patrick, Sean,

This morning was a terrific call between our two senior leadership teams, in what many consider sister provinces / states 'across the Pacific' in BC & NSW. We share beautiful provinces and global harbour cities, and a shared collaborative spirit and culture which set the foundation for an excellent conversation.

Thank you for your time and openness in sharing the strategy and plans in BC.

We have a great deal to learn from one another, as we both proactively plan for staged re-openings, for re-energising business, communities and industry and accelerating an economic recovery in the months and years ahead which will be crucial from fiscal and economic perspectives. I hope this is the first of many dialogues between our respective teams.

These are confidential discussions, where comments will not be attributed publically outside of our two Government leadership teams.

I am conscious I had to moderate some discussions to a close so we could cover the breadth of topics people were keen to cover today – but I shared I will now encourage two separate discussions to occur:

1. **Sean & Patrick** - Fiscal | fiscal imbalance and economic strategy for recovery as well as Federal vs. Provincial roles with dealing with COVID and the path to balance, and the Commonwealth Grants Commission - I know that San, Sam, Stephen and Lewis (plus a few more I suspect) would value a further discussion regarding this topic. **Sam**, can I ask you take the lead in setting up this subsequent discussion.
2. **Dr Henry & Lorie** – the discussion re re-opening the economy, business and communities at specific vaccination rates would be of interest – Lorie your public health leadership insights would be very important for us to understand further - both in terms of our community transmissibility metrics as we consider staging with business return, and across our schools re-opening which is front of mind at present for our Health and Education teams. **Dominica**, can I please ask you take the lead in inviting some of our health colleagues and



setting up this subsequent discussion, connecting with Phil to determine who from Education would also like to join. I suspect many of this morning's call may also be keen to join.

If there are wider follow up discussions or questions which we can assist you with, please let me know and I will help schedule.

Regards & thanks to all, James

**James Hunter**

NSW Government Covid Taskforce

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## Mask Orders

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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
To: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: August 23, 2021 7:13:49 PM PDT  
Attachments: PHO Order Workplace & PSI Safety June 14 final.pdf, Mask Order m0012\_2021.pdf, Mask Mandate Amendment m0200\_2021.pdf, FINAL DRAFT - Public Health Guidance K-12 Schools - August 23.docx

Further to your call Stephen here are the previous mask mandate orders:

1. *EP Act* order for indoor public spaces (m0012), with amendment (m0200) which required mask use in fitness centres (but exempted people playing sports, which was a bit of an artificial split)
2. *PHO Workplace and Post-Secondary Institution Safety Order*. This order required employers to mandate mask wearing inside common areas of a workplaces; mandates mask wearing by workers in personal service establishments, food and liquor serving premises, or while serving customers in retail businesses; and requires that students in post-secondary institutions wear a mask inside common areas and classrooms.
3. Also for reference is the latest PH guidance for K-12. Masks are on pages 16-17.

Both of these include a list of exemptions.

Not covered is mask wearing by workers in a working area such as at their desk, or in a place which is not a common area. These places may be more appropriately covered by WorkSafeBC so I will check with them on how that should be done.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**PROVINCE OF BRITISH COLUMBIA**  
**ORDER OF THE MINISTER OF PUBLIC SAFETY AND**  
**SOLICITOR GENERAL**

*Emergency Program Act*

**Ministerial Order No. M012**

WHEREAS a declaration of a state of emergency throughout the whole of the Province of British Columbia was declared on March 18, 2020 because of the COVID-19 pandemic;

AND WHEREAS face coverings, when used in addition to other protective measures such as maintaining physical distance and using barriers, help to prevent, respond to or alleviate the effects of the COVID-19 pandemic;

AND WHEREAS the persistence of the COVID-19 pandemic warrants a coordinated provincial approach to the use of face coverings in indoor public spaces;

AND WHEREAS it is not possible for some persons to wear face coverings and I have taken that into consideration in this order;

AND WHEREAS section 10 (1) of the *Emergency Program Act* provides that I may do all acts and implement all procedures that I consider necessary to prevent, respond to or alleviate the effects of any emergency or disaster;

I, Mike Farnworth, Minister of Public Safety and Solicitor General, order that the attached Face Coverings (COVID-19) Order is made.

January 8, 2021

Date

  
Minister of Public Safety and Solicitor General

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*(This part is for administrative purposes only and is not part of the Order.)*

**Authority under which Order is made:**

Act and section: *Emergency Program Act*, R.S.B.C. 1996, c. 111, s. 10

Other: MO 73/2020; MO 425/2020; OIC 1/2021

page 1 of 5

## FACE COVERINGS (COVID-19) ORDER

### Definitions

**1** In this order:

**“enforcement officer”** has the same meaning as in the Violation Ticket Administration and Fines Regulation with respect to a person in a designated class of persons with the authority to issue a ticket in relation to the provisions of this order;

**“face covering”** means either of the following that covers the nose and mouth of a person:

- (a) a medical or non-medical mask;
- (b) a tightly woven fabric;

**“indoor public space”** has the meaning given in section 2 (2);

**“operator”**, in relation to an indoor public space, means

- (a) an owner or operator of the indoor public space, or
- (b) an employee or person acting on behalf of an owner or operator of the indoor public space;

**“visitor”** means a person who visits an indoor public space, but does not include the operator of the indoor public space.

### Interpretation – indoor public spaces

**2** (1) In this section:

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

**“health professional”** means a person who practises a health profession;

**“hotel”** includes a motel, inn, bed and breakfast, hostel or other place in which rooms are maintained for the accommodation of the public;

**“indoor common area”** means the indoor area of a building that is provided for the common use of all occupants and invitees of the building, including lobbies, hallways, public bathrooms and elevators;

**“perimeter seating”** has the same meaning as in the Passenger Transportation Regulation;

**“perimeter seating bus”** has the same meaning as in the Passenger Transportation Regulation;

**“personal service”** means a service provided by a person to or on the body of another person, and includes services provided at a barbershop, beauty parlour, health spa, massage parlour, nail salon, tattoo shop, sauna or steam bath;

**“post-secondary institution”** includes an entity that provides any of the following programs:

- (a) an educational or training program provided under
  - (i) the *College and Institute Act*,
  - (ii) the *Royal Roads University Act*,
  - (iii) the *Thompson Rivers University Act*,
  - (iv) the *University Act*, or

- (v) the *Private Training Act*;
  - (b) a program provided in accordance with a consent given under the *Degree Authorization Act*;
  - (c) a theological education or training program provided under an Act;
- “public transportation vehicle”** includes a bus, train or ferry;
- “retail business”** means a business that sells retail goods, including a grocery store, clothing store, liquor or cannabis store, or sporting goods store;
- “service business”** means a business that provides a service, including
- (a) dry cleaning or laundry services,
  - (b) insurance services,
  - (c) banking services,
  - (d) funeral services,
  - (e) personal services,
  - (f) accounting, legal, engineering or other professional services, or
  - (g) the services of a tradesperson;
- “sport or fitness facility”** means a place used for sport or fitness activities, including a gym, ice arena, pool, gymnastics facility, indoor field, fitness studio or dance studio.
- (2) For the purposes of this order, an indoor public space is any of the following:
- (a) a building or structure that is used as
    - (i) a retail business,
    - (ii) a service business,
    - (iii) a restaurant, pub, bar or other business that prepares and sells food or drink,
    - (iv) a mall or shopping centre,
    - (v) a pharmacy,
    - (vi) a health professional’s office,
    - (vii) a place of public worship,
    - (viii) a sport or fitness facility,
    - (ix) a place in which a non-profit organization provides goods or services to the public,
    - (x) a place that provides cultural, entertainment or recreational services or activities, including a theatre, cinema, concert hall, arcade, billiard hall, museum, gallery or library, or
    - (xi) a conference centre, community hall or other place that hosts public events;
  - (b) the indoor common area of
    - (i) an office building,
    - (ii) a hotel,
    - (iii) a hospital,
    - (iv) a courthouse, or

- (v) a post-secondary institution;
- (c) a taxi, limousine, perimeter seating vehicle, perimeter seating bus, vehicle used for a commercial ride sharing service or other vehicle for hire;
- (d) a public transportation vehicle;
- (e) the indoor or sheltered portion or a terminal, station or other location at which persons
  - (i) load onto or unload from a public transportation vehicle, or
  - (ii) wait to load onto a public transportation vehicle;
- (f) an airport, heliport or seaplane terminal.

**Face coverings required in indoor public spaces**

- 3 (1) Except as provided under section 4, a visitor must wear a face covering, in accordance with subsection (2), while inside an indoor public space.
- (2) A face covering must be worn in a manner that covers the nose and mouth.

**Exemption from use of face covering**

- 4 Section 3 does not apply as follows:
  - (a) to a person who is less than 12 years of age;
  - (b) to a person who is unable to wear a face covering because of
    - (i) a psychological, behavioural or health condition, or
    - (ii) a physical, cognitive or mental impairment;
  - (c) to a person who is unable to put on or remove a face covering without the assistance of another person;
  - (d) if the face covering is removed temporarily for the purposes of identifying the person wearing it;
  - (e) while inside a courtroom;
  - (f) while consuming food or beverage at a location designated for those purposes by the operator of the indoor public space;
  - (g) while participating in a sport or fitness activity at a sport or fitness facility;
  - (h) while receiving a personal service, or a service at a health professional's office, if removing the face covering is necessary in order to receive the service;
  - (i) while inside a vehicle on a ferry;
  - (j) while communicating with a person who has a hearing impairment.

**Order does not prevent further requirements**

- 5 Nothing in this order prevents an operator from having additional requirements in relation to face coverings.

**General compliance matters**

- 6 (1) A direction given by an enforcement officer relating to a person's compliance with this order, including a direction to leave an indoor public space, must be complied with.

- (2) A visitor to an indoor public space must not engage in abusive or belligerent behaviour towards an enforcement officer, another visitor or the operator of the indoor public space in relation to the other person's efforts
  - (a) to comply with, or
  - (b) to respond to, prevent or correct contraventions of a face covering requirement.
- (3) In this section, "**face covering requirement**" means a requirement in relation to face coverings that is set out in
  - (a) this order,
  - (b) an order made under the *Public Health Act*, or
  - (c) a COVID-19 provision within the meaning of the *COVID-19 Related Measures Act*.

**Enforcement information to minister**

- 7 A law enforcement agency and a local government must provide the minister with information in its possession, other than personal information, that the minister requests respecting the enforcement of this order by the law enforcement agency or the local government.

PROVINCE OF BRITISH COLUMBIA

ORDER OF THE MINISTER OF PUBLIC SAFETY AND  
SOLICITOR GENERAL

*Emergency Program Act*

**Ministerial Order No. M200**

WHEREAS a declaration of a state of emergency throughout the whole of the Province of British Columbia was declared on March 18, 2020 because of the COVID-19 pandemic;

AND WHEREAS I made the Face Coverings (COVID-19) Order on January 8, 2021;

AND WHEREAS public health advice regarding mask use for individual exercise in fitness facilities has been updated;

AND WHEREAS a more inclusive exemption is appropriate for communications that rely on facial visibility;

I, Mike Farnworth, Minister of Public Safety and Solicitor General, order that the Face Coverings (COVID-19) Order, Ministerial Order 12/2021, is amended as set out in the attached Schedule.

May 18, 2021

Date



Minister of Public Safety and Solicitor General

---

*(This part is for administrative purposes only and is not part of the Order.)*

Authority under which Order is made:

Act and section: Emergency Program Act, R.S.B.C. 1996, c. 111, s. 10

Other: MO 73/2020; MO 12/2021; OIC 285/2021



## SCHEDULE

**1     *Section 2 of the Face Coverings (COVID-19) Order, Ministerial Order 12/2021, is amended***

***(a) in subsection (1) by adding the following definition:***

“**fitness facility**” means a place used for fitness activities, including a gym, fitness studio or dance studio; ,

***(b) in subsection (1) by repealing the definition of “sport or fitness facility” and substituting the following:***

“**sport facility**” means a place used for sport activities, including a gym, ice arena, pool, gymnastics facility or indoor field. , ***and***

***(c) by repealing subsection (2) (a) (viii) and substituting the following:***

(viii) a fitness facility or a sport facility, .

**2     *Section 4 (g) and (j) is repealed and the following substituted:***

(g) while participating in sport at a sport facility;

(j) while communicating with a person for whom visual cues, facial expressions, lip-reading or lip movements are essential.

## RE: Advanced Education news release

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
Sent: August 23, 2021 7:19:20 PM PDT  
Attachments: NR\_COVID\_ReturntoCampus\_AEST\_Aug23\_635pm clean.docxbh.docx

I just thought we should put something in to indicate that we will support all students, staff and faculty to get their vaccines as part of the process.

b

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)*

Phone: s.17; s.19

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---

**From:** Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>

**Sent:** August 23, 2021 7:09 PM

**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Subject:** Advanced Education news release

Hi Dr. Henry,

The materials for the AEST portion of the announcement are attached. The news release is in a better place than earlier today.

Let me know if you would like edits to your quote or have concerns with any of the content.

Thanks,

Aileen Machell  
Communications Director, Health Communications  
250-361-5381

---

## NEWS RELEASE

For Immediate Release  
[AEST-##### ]  
August 24, 2021

Ministry of Advanced Education  
and Skills Training

### **Health and safety remain top priority for fall return to campus**

VICTORIA – Students, faculty and staff at B.C.’s colleges and universities are being supported to come back together for in-person learning this fall with added health and safety measures ordered by the provincial health officer. A new mask mandate for college and university campuses follows the announcement that B.C. will be introducing proof of vaccine requirement for some non-essential services, including on-campus.

“In response to rising COVID-19 cases and as students return to in-person learning on campus, I am issuing a new mandatory mask order for all indoor public areas on campus,” said Dr. Bonnie Henry, provincial health officer. “It’s vitally important for post-secondary students that we resume in person learning to support young people’s well-being and with these added measures and increasing vaccination rates we are confident we can do so.” (NOT APPROVED)

The mask order will apply in all indoor public areas on campus including lobbies, hallways, stairwells, elevators, classrooms, and labs.

“I know how challenging the past 18 months has been, and I am grateful for the work Dr. Henry and her team are doing to help guide post-secondary institutions as they make their plans for a safe return to in-person learning,” said Anne Kang, Minister of Advanced Education and Skills Training. “The pandemic has been difficult on students, faculty and staff at B.C.’s colleges, institutes and universities and with these added measures we can continue to move forward and come back together safely.” (NOT APPROVED)

Post-secondary institutions have been following public health advice in the measures they put in place at their campuses. In July 2021, a team of experts from the post-secondary sector, regional health authorities, the BC Centre for Disease Control, and the Office of the Provincial Health Officer released *COVID-19 Return-to-Campus Guidelines*, noting that the guidelines would require periodic updates to align with evolving public health guidance.

The guidelines are currently being updated to reflect the new mask order and the proof of vaccine requirement. The guidelines will be updated by the start of school and will be posted here: <https://www2.gov.bc.ca/gov/content/education-training/post-secondary-education/institution-resources-administration/studying-during-covid-19>

As part of the new provincial vaccine requirement, accessing some non-essential services on campus will now require a proof of vaccination. This will be applicable to on-campus indoor venues including but not limited to gyms, nightclubs, restaurants and a variety of indoor events such as sporting events and concerts. Students who are living in on-campus housing will also require proof of vaccination. Further guidance will be developed in the coming days in

consultation with public health, including which types of student housing facilities will be subject to this requirement. This will come into effect Sept. 7, 2021 and will be phased in to ensure all students have access to needed vaccination.

Under the guidance of WorkSafeBC, institutions have developed communicable disease prevention plans to reduce the risk of all respiratory illnesses, including COVID-19. Post-secondary institutions may implement their own proof of vaccine requirement as a part of these plans however, they will be responsible for working with public health and doing their own due diligence.

**Quick Facts:**

- BC's vaccination coverage is among the highest in the world and that is what is transforming our ability to safely live with COVID-19.
- As of August 23, 2021, 83% of eligible people have received one dose and 75% of eligible people are now fully vaccinated.
- Vaccine clinics are being planned on campus in partnership with local health authorities.

**Learn more:**

Information about Ministry of Health proof of vaccination requirement announcement:

<https://news.gov.bc.ca/releases/2021HLTH0053-001659>

Information about returning to post-secondary:

[Post-secondary studies during COVID-19 - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register)

Register for your vaccine now:

<https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register>

Or call 1 833 838-2323.

Get secure access to your health information through Health Gateway:

<https://www.healthgateway.gov.bc.ca/>

ArriveCAN App:

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/arrivecan.html>

Free mental health support for post-secondary students: <https://here2talk.ca/home>

**Contact:**

Ministry of Advanced Education and Skills Training  
Media Relations  
250 883-0969

**Commented [HBH1]:** We need to say something about public health working with all PSI to ensure all students faculty and staff have convenient and timely access to immunization.

## Re: [External] grant to study COVID vaccine in transplant

From: Kumar Dr.,Deepali <Deepali.Kumar@uhn.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 7:59:39 PM PDT  
Attachments: nejmc2111462.pdf, ajt.16766.pdf

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dear Bonnie,

Hope you are doing well.

I was approached by transplant colleagues in BC regarding third COVID vaccine doses for transplant patients. I'm wondering if you are considering this.

Ontario has started giving 3rd doses to transplant patients. I've attached the two studies out of Toronto - the first shows the low response rate to two doses of vaccine and the other is a RCT of third doses that shows substantial increase in antibody/neutralization/T-cells. There are also data from France that are supportive of third doses. I've presented these data to NACI and my understanding is that they will make a decision sometime in September.

However, in the meantime transplant doctors in BC are being flooded with requests and wondering if the provinces will move faster.

Thanks very much.

Deepali

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Sent:** March 14, 2021 5:41 PM

**To:** 'Patricia Gongal' <pgongal@ualberta.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>

**Cc:** Kumar Dr.,Deepali <Deepali.Kumar@uhn.ca>

**Subject:** RE: [External] grant to study COVID vaccine in transplant

Thanks for the reminder Deepali,

I have made some r=changes to the draft letter and attached here so Laurel can put on my letterhead and add my signature tomorrow.

My best,

Bonnie

*Dr Bonnie Henry*

*Provincial Health Officer*

*Office of the PHO*

*Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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**From:** Patricia Gongal <pgongal@ualberta.ca>

**Sent:** March 11, 2021 9:56 AM

**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Kumar Dr.,Deepali <Deepali.Kumar@uhn.ca>

**Subject:** Re: [External] grant to study COVID vaccine in transplant

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Dear Dr. Henry,

Following up on Dr. Kumar's message, I'm attaching a draft letter of support that you can revise as appropriate. We would like to make information from the study readily available to public health officials, in a format that makes it as easy as possible to be considered in policy decisions. We could do update calls, but we're also considering posting updates online, providing interim and final summary reports for policymakers by email, and of course sharing the scientific publications, and study data via CITF. Public Health Ontario has also suggested a joint call with the public health agencies and the study leads could be useful. Could you suggest which of these options would be helpful from your perspective?

Best wishes,

Patricia

-----  
Patricia Gongal, PhD

Director of Strategic Communications | Directrice de la communication stratégique

Canadian Donation and Transplantation Research Program | Programme de Recherche en Don et Transplantation du Canada

[pgongal@cdtrp.ca](mailto:pgongal@cdtrp.ca)

[www.cdtrp.ca](http://www.cdtrp.ca) | [@CNTRP](#) | [LinkedIn](#) | [YouTube](#) | [Facebook](#)

On Mar 10, 2021, at 10:07 AM, Kumar Dr.,Deepali <[Deepali.Kumar@uhn.ca](mailto:Deepali.Kumar@uhn.ca)> wrote:

Dear Bonnie,

We were successful in moving forward with this grant! Thanks so much for your support.

I've cc'd Patricia Gongal who is helping in getting letters from collaborators. She will be able to help draft something for you. In the meantime I've attached the draft objectives and proposal.

Best wishes,

Deepali

---

**From:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>

**Sent:** February 9, 2021 7:27 PM

**To:** Kumar Dr.,Deepali <[Deepali.Kumar@uhn.ca](mailto:Deepali.Kumar@uhn.ca)>

**Cc:** Thompson, Laurel HLTH:EX <[Laurel.Thompson@gov.bc.ca](mailto:Laurel.Thompson@gov.bc.ca)>

**Subject:** [External] RE: grant to study COVID vaccine in transplant

Hello Deepali,

Good to hear from you! Hope you are surviving this darn pandemic.

I would be happy to support you in this important work. I cannot think of anyone better able to lead this study.

Unfortunately I do not think I will be able to be a collaborator given my current burden of work but would be happy to send in a letter of support (if you could send me a draft that would be appreciated).

I look forward to the results. Important questions to answer.

Take care,

Bonnie

*Dr Bonnie Henry*

*Provincial Health Officer*

*Office of the PHO*

*Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone:s.17; s.19

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**From:** Kumar Dr., Deepali <Deepali.Kumar@uhn.ca>  
**Sent:** February 9, 2021 11:09 AM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** grant to study COVID vaccine in transplant

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Dear Bonnie,

Hope you are well. Haven't seen you for ages but I see you in the news a lot 😊 You're doing amazing work. Kudos to you!

I'm writing to ask for a letter of support for a grant that opportunity.

The COVID immunity task force has put out an RFA to study COVID vaccine in special populations. <https://www.covid19immunitytaskforce.ca/request-for-applications/>

A group of us across Canada, including in BC (Vancouver General and St. Paul's transplant programs) would like to study the immune response and safety of COVID vaccine in organ transplant patients and will be applying to this opportunity for funding.

I was reaching out to you for collaboration in this project from a public health perspective and also a letter of support.

Let me know your thoughts. If you think I should ask someone else, feel free to forward or connect me.

All the best!

Deepali

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privacy. You may withdraw your consent to receive emails from UHN at any time. Please contact your care provider or the UHN Privacy Office at (416) 340-4800 ext. 6937 if you do not wish to receive emails from UHN. <CITF grant main proposal 4 pages - Mar 9 2021.docx><Objectives CITF.docx>

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CORRESPONDENCE

**Randomized Trial of a Third Dose  
of mRNA-1273 Vaccine in Transplant Recipients**

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DOI: 10.1056/NEJMc2111462

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**How to cite this article:** Hall VG, Ferreira VH, Ierullo M, et al. Humoral and cellular immune response and safety of two-dose SARS-CoV-2 mRNA-1273 vaccine in solid organ transplant recipients. *Am J Transplant*. 2021;00:1–10. <https://doi.org/10.1111/ajt.16766>

August 24, 2021

### **Mask mandate to reduce transmission and protect people**

As of (ADD DATE), masks must be worn in all indoor public spaces, to help slow the transmission of COVID-19 as we prepare for the fall and respiratory illness season.

A new Order from the Provincial Health Officer will require individuals, 12 years and older, to wear masks in indoor public settings, regardless of vaccination status. These settings include:

- malls, shopping centres, coffee shops, and retail and grocery stores;
- liquor and drug stores;
- airports, city halls, libraries, community and recreation centres;
- restaurants, pubs and bars;
- places of public worship;
- on public transportation, in a taxi or ride-sharing vehicle;
- common areas of office buildings, court houses, hospitals and hotels;
- common areas of sport and fitness centres when not engaged in physical activity;
- common areas of post-secondary institutions and non-profit organizations;
- and inside schools for all K-12 staff, visitors, and students in grade 4-12.

“As transmission of COVID-19 increases in B.C., primarily among unvaccinated people and in part due to the Delta variant, it’s important to take this extra temporary step to make indoor spaces safer for everyone,” said Dr. Bonnie Henry, B.C.’s provincial health officer. “We need to continue doing the things that protect us, including wearing masks in indoor, public areas, practicing hand hygiene regularly, and keeping a respectful distance from people. And most important of all – every person should get vaccinated to protect themselves, their loved ones and their community.”

“As unvaccinated people continue to get sick and hospitalized with COVID-19, we’re taking another step to ensure we overcome COVID-19 together, and that we move forward together,” said Adrian Dix, B.C.’s Minister of Health. “Our pandemic has always been about making good choices with the information we have and making the best choices to keep people safe. Now more than ever, we need to follow the advice and orders of the Provincial Health Officer.”

For the purposes of this order, a mask or face covering is defined as a medical or non-medical mask that covers the nose and mouth. Face shields are not a substitute for a mask, as there is an opening below the mouth.

People who cannot wear a mask or who cannot put on or remove a mask without the assistance of others are exempt. A person may not be able to wear a mask for a psychological, behavioural or health condition, or due to a physical, cognitive or mental impairment.

Masks may be removed temporarily in indoor public places to identify the individual wearing the mask, to consume food or beverage at a location designated for this purpose, while participating in a sport or fitness activity in a sport facility or while receiving a personal or health service that requires the mask to be removed.

Masks are not recommended for children under the age of two but should be encouraged for children aged two to 12 in public settings. Children over 12 must wear a mask in a public indoor space, unless they are exempt.

**Learn More:**

For information on the latest PHO orders and guidance, non-medical issues like travel recommendations and how to manage social isolation, visit: [www.gov.bc.ca/COVID-19](http://www.gov.bc.ca/COVID-19)

For more information and latest medical updates on COVID-19, follow the BC Centre for Disease Control on Twitter @CDCofBC or visit its website: <http://www.bccdc.ca>

For information on how to register and book a COVID-19 appointment  
[www2.gov.bc.ca/getvaccinated](http://www2.gov.bc.ca/getvaccinated).



## Re: Revised NR for mask mandate

---

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
To: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
Sent: August 23, 2021 8:07:28 PM PDT  
Attachments: Mask mandate NR - DRAFT 6pm Aug 23.docx

Thanks I had taken a quick look but not finished edits so will look at this one. But need to take a wee break...dinner is almost ready!

Dr Bonnie Henry  
Provincial Health Officer  
Ministry of Health  
Bonnie.henry@gov.bc.ca  
s.17; s.19

On Aug 23, 2021, at 8:02 PM, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca> wrote:

I edited the mask mandate news release. Updated version attached.  
If you were already working on edits, I will merge the changes or just go with your version.  
Thanks,  
Aileen

---

**From:** Machell, Aileen GCPE:EX  
**Sent:** August 23, 2021 6:25 PM  
**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Subject:** Draft speaking notes, plus two news releases

Hi Dr. Henry,  
Minister has asked for a news release for tomorrow's announcement regarding a PHO requiring masks in indoor public spaces.  
Attached is a draft news release for your review, along with draft speaking notes for tomorrow's event, covering K-12, post secondaries, and the mask requirement order.  
Also attached is the Education news release. Please review and let me know if your quote is ok.  
I understand the AEST news release is being revised, and I will send it along as soon as I can for your review and quote approval.  
Thanks, and feel free to call me if you want to discuss edits.

**Aileen Machell** (she/her)  
Communications Director  
Health Communications  
250-361-5381

## RE: COVID-19 Critical Care Admissions - August 23, 2021

From: NajmulHussain, Mehazabeen [PHSA] <mehazabeen.najmulhussain@phsa.ca>  
To: Flatt, Alexandra [PHSA] <AFlatt@phsa.ca>, Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Huang, Ren [PHSA] <ren.huang@phsa.ca>, Therrien, Darlene [EXT] <Darlene.Therrien@gov.bc.ca>, Larson, Eric <Eric.Larson@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>, Larson, Eric HLTH:EX <Eric.Larson@gov.bc.ca>, XT:Flatt, Alexandra HLTH:IN <aflatt@phsa.ca>  
Cc: Mussavi Rizi, Seyed Ali [PHSA] <sMussaviRizi@phsa.ca>, Sandino, Yurik [PHSA] <yurik.sandino@phsa.ca>, Lei, Fang [PHSA] <fang.lei@phsa.ca>, Cheng, Lawrence [PHSA] <lawrence.cheng1@phsa.ca>, XT:Mussavi Rizi, Seyed Ali HLTH:IN <smussavirizi@phsa.ca>, XT:Cheng, Lawrence HLTH:IN <Lawrence.Cheng1@phsa.ca>  
Sent: August 23, 2021 8:31:01 PM PDT  
Attachments: image001.png

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Hi Bonnie,  
We are working with Interior Health to assess the data and will confirm the census counts tomorrow.  
Thanks  
Mehazabeen

---

**From:** Flatt, Alexandra [PHSA] <AFlatt@phsa.ca>  
**Sent:** Monday, August 23, 2021 12:56 PM  
**To:** Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>; Huang, Ren [PHSA] <ren.huang@phsa.ca>; Therrien, Darlene [EXT] <Darlene.Therrien@gov.bc.ca>; Larson, Eric <Eric.Larson@gov.bc.ca>  
**Cc:** NajmulHussain, Mehazabeen [PHSA] <mehazabeen.najmulhussain@phsa.ca>; Mussavi Rizi, Seyed Ali [PHSA] <sMussaviRizi@phsa.ca>; Sandino, Yurik [PHSA] <yurik.sandino@phsa.ca>; Lei, Fang [PHSA] <fang.lei@phsa.ca>; Cheng, Lawrence [PHSA] <lawrence.cheng1@phsa.ca>  
**Subject:** RE: COVID-19 Critical Care Admissions - August 23, 2021

Bonnie,  
These beds had in the past been classified by IH as HAU beds. IH is looking to reclassify them as med/surg however, we are awaiting approval from MoH to finalize reclassification.

Regards,  
Lexie

**Alexandra Flatt** (she/her)  
Vice-President, Pandemic Response &  
Chief Data Governance & Analytics Officer  
Provincial Health Services Authority

1333 West Broadway  
Vancouver, British Columbia V6H 4C1  
C:s.15 O: 604-875-7327  
[aflatt@phsa.ca](mailto:aflatt@phsa.ca)

I acknowledge that my place of work is within the unceded territory of the Musqueam, Tsleil-Waututh, and Squamish Nations.

---

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Sent:** August 23, 2021 12:33 PM  
**To:** Huang, Ren [PHSA] <ren.huang@phsa.ca>  
**Cc:** O'Donnell, Maureen [PHSA] <modonnell@phsa.ca>; Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Covid [BCCDC] <covid@bccdc.ca>; Galt, Jamie [EXT] <Jamie.Galt@gov.bc.ca>; Flatt, Alexandra [PHSA] <AFlatt@phsa.ca>; HLTH.COVIDAnalytics@gov.bc.ca; Liu, Linda [PHSA] <Linda.Liu@phsa.ca>; Dou, Jun [PHSA] <jun.dou@phsa.ca>; Li, Loren K. [PHSA] <lkli@phsa.ca>; Esmail, Zahida [PHSA] <zahida.esmail@phsa.ca>; COVID Surveillance

<COVID.Surveillance@bccdc.ca>; NajmulHussain, Mehazabeen [PHSA] <mehazabeen.najmulhussain@phsa.ca>; Therrien, Darlene [EXT] <Darlene.Therrien@gov.bc.ca>; MOH Analytics <MOHAnalytics@gov.bc.ca>; Cen, Calvin [EX] <Calvin.Cen@gov.bc.ca>; Holoiday, Leah [EX] <Leah.Holoiday@gov.bc.ca>

**Subject:** RE: COVID-19 Critical Care Admissions - August 23, 2021

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Can we please check on the 6 in Shuswap Lake General Hospital. I do not believe they even have critical care beds there?

Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health

s.15; s.19

Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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**From:** Huang, Ren [PHSA] <[ren.huang@phsa.ca](mailto:ren.huang@phsa.ca)>

**Sent:** August 23, 2021 11:13 AM

**To:** Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>

**Cc:** XT:ODonnell, Maureen HLTH:IN <[modonnell@phsa.ca](mailto:modonnell@phsa.ca)>; Gustafson, Reka HLTH:IN <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>; Covid [BCCDC] <[covid@bccdc.ca](mailto:covid@bccdc.ca)>; Galt, Jamie HLTH:EX <[Jamie.Galt@gov.bc.ca](mailto:Jamie.Galt@gov.bc.ca)>; XT:Flatt, Alexandra HLTH:IN <[aflatt@phsa.ca](mailto:aflatt@phsa.ca)>; HLTH COVIDAnalytics HLTH:EX <[HLTH.COVIDAnalytics@gov.bc.ca](mailto:HLTH.COVIDAnalytics@gov.bc.ca)>; Liu, Linda [PHSA] <[Linda.Liu@phsa.ca](mailto:Linda.Liu@phsa.ca)>; Dou, Jun [PHSA] <[jun.dou@phsa.ca](mailto:jun.dou@phsa.ca)>; Li, Loren K. [PHSA] <[lkli@phsa.ca](mailto:lkli@phsa.ca)>; Esmail, Zahida [PHSA] <[zahida.esmail@phsa.ca](mailto:zahida.esmail@phsa.ca)>; COVID Surveillance <[COVID.Surveillance@bccdc.ca](mailto:COVID.Surveillance@bccdc.ca)>; Najmulhussain, Mehazabeen HLTH:IN <[mehazabeen.najmulhussain@phsa.ca](mailto:mehazabeen.najmulhussain@phsa.ca)>; Huang, Ren [PHSA] <[ren.huang@phsa.ca](mailto:ren.huang@phsa.ca)>; Therrien, Darlene HLTH:EX <[Darlene.Therrien@gov.bc.ca](mailto:Darlene.Therrien@gov.bc.ca)>; HLTH MOHAnalytics HLTH:EX <[MOHAnalytics@gov.bc.ca](mailto:MOHAnalytics@gov.bc.ca)>; Cen, Calvin GCPE:EX <[Calvin.Cen@gov.bc.ca](mailto:Calvin.Cen@gov.bc.ca)>; Holoiday, Leah GCPE:EX <[Leah.Holoiday@gov.bc.ca](mailto:Leah.Holoiday@gov.bc.ca)>

**Subject:** COVID-19 Critical Care Admissions - August 23, 2021

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Bonnie,

Please see critical care COVID-19 confirmed patients below as of August 23, 2021 (reported by the sites up to 10:00 am on August 23, 2021). The number of COVID-19 patients on mechanical ventilation is also included below.

Please note the increase of 12 patients in today's critical care COVID-19 confirmed census (80) as compared to yesterday's (68). This change can be attributed to:

- 6 critical care patients transferred to non-critical care (1 FHA - Surrey Memorial Hospital, 4 IHA - Kelowna General Hospital, 1 VCH - Vancouver General Hospital)
- 1 critical care patient discharged alive (1 NHA - University Hospital of Northern British Columbia (UHNBC))
- 13 critical care newly admitted patients (1 FHA - Peace Arch District Hospital, 1 FHA - Royal Columbian Hospital, 1 IHA - Kelowna General Hospital, 1 IHA - Kootenay Boundary Regional Hospital, 6 IHA - Shuswap Lake General Hospital, 1 NHA - Dawson Creek and District Hospital, 1 VIHA - Campbell River and District General Hospital, 1 VIHA - Royal Jubilee Hospital)
- 3 critical care patients confirmed COVID positive (1 FHA - Abbotsford Regional Hospital and Cancer Centre, 1 FHA - Royal Columbian Hospital, 1 VCH - St. Paul's Hospital)
- 3 non-critical care patients transferred to critical care (1 IHA - Kelowna General Hospital, 1 NHA - University Hospital of Northern British Columbia (UHNBC), 1 VIHA - Nanaimo Regional General Hospital)

Please note the increase of 11 patients in Sunday's critical care COVID-19 confirmed census (68) as compared to Saturday's (57). This change can be attributed to:

- 3 critical care patients transferred to non-critical care (1 FHA - Royal Columbian Hospital, 1 IHA - Kelowna General Hospital, 1 IHA - Royal Inland Hospital)

- 2 critical care patients discharged alive (1 FHA - Royal Columbian Hospital, 1 NHA - University Hospital of Northern British Columbia (UHNBC))
- 1 critical care patient deceased (1 IHA - Kootenay Boundary Regional Hospital)
- 8 non-critical care patients transferred to critical care (1 FHA - Abbotsford Regional Hospital and Cancer Centre, 1 FHA - Surrey Memorial Hospital, 3 IHA - Kelowna General Hospital, 1 VCH - St. Paul's Hospital, 1 VCH - Lions Gate Hospital, 1 VIHA - Royal Jubilee Hospital)
- 7 critical care newly admitted patients (1 FHA - Abbotsford Regional Hospital and Cancer Centre, 2 FHA - Royal Columbian Hospital, 1 IHA - Royal Inland Hospital, 1 NHA - University Hospital of Northern British Columbia (UHNBC), 1 VCH - Vancouver General Hospital, 1 VIHA - Royal Jubilee Hospital)
- 2 critical care patients confirmed COVID positive (2 FHA - Abbotsford Regional Hospital and Cancer Centre)

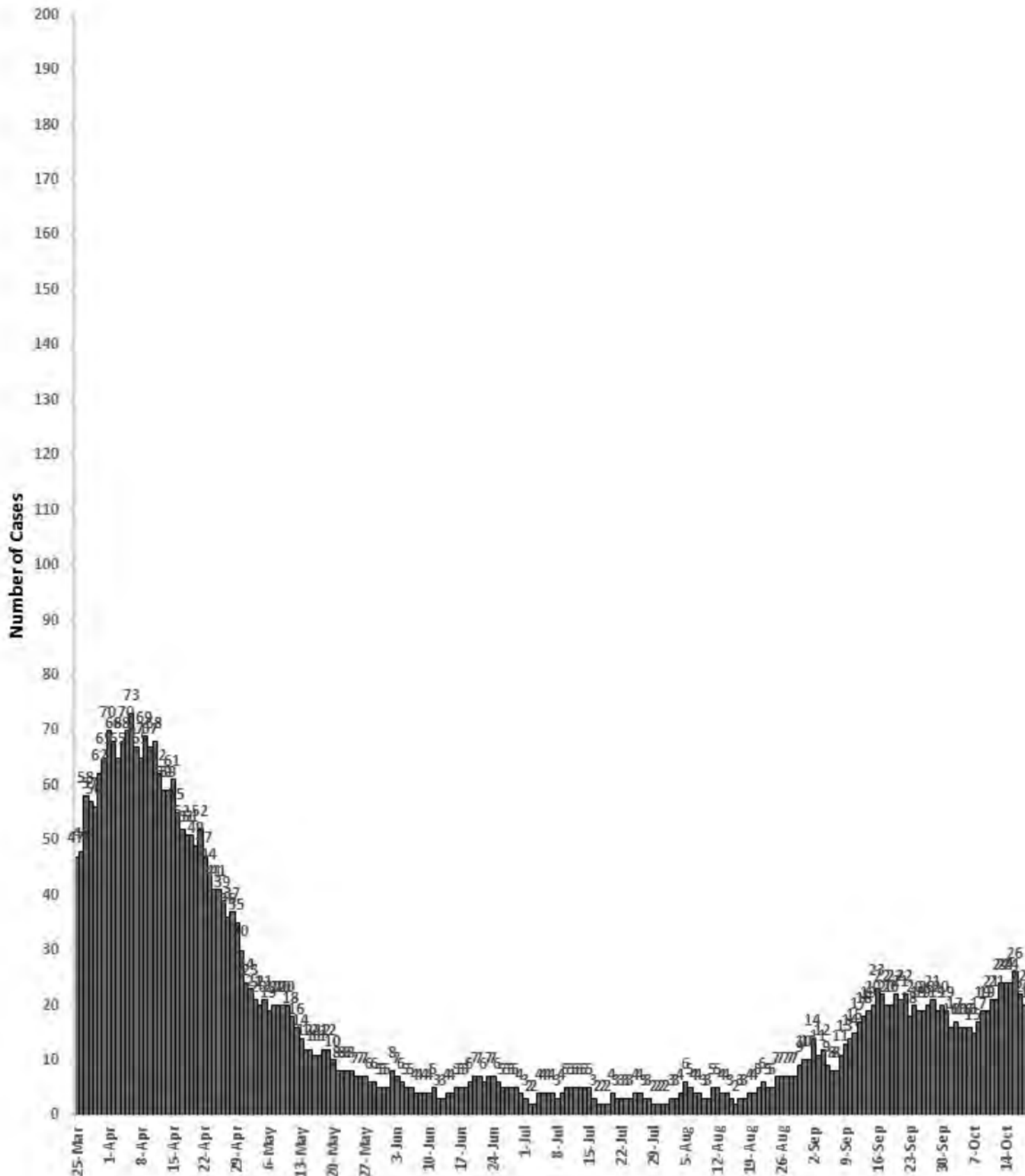
Please note the decrease of 2 patients in Saturday's critical care COVID-19 confirmed census (57) as compared to last Friday's (59). This change can be attributed to:

- 6 critical care patients transferred to non-critical care (1 FHA - Abbotsford Regional Hospital and Cancer Centre, 1 FHA - Surrey Memorial Hospital, 1 IHA - Kelowna General Hospital, 1 IHA - Kootenay Boundary Regional Hospital, 1 IHA - Royal Inland Hospital, 1 VCH - Vancouver General Hospital)
- 3 critical care patients recovered (1 FHA - Royal Columbian Hospital, 2 FHA - Surrey Memorial Hospital)
- 2 critical care patients discharged alive (1 FHA - Royal Columbian Hospital, 1 VIHA - Royal Jubilee Hospital)
- 7 critical care newly admitted patients (1 FHA - Royal Columbian Hospital, 1 FHA - Surrey Memorial Hospital, 1 IHA - Kootenay Boundary Regional Hospital, 2 IHA - Royal Inland Hospital, 1 VCH - Mount Saint Joseph Hospital, 1 VIHA - Nanaimo Regional General Hospital)
- 2 non-critical care patients transferred to critical care (2 FHA - Surrey Memorial Hospital)

Total Confirmed Critical Care COVID-19 Positive Patients						
21-Aug-21		22-Aug-21		23-Aug-21		
HA	Critical Care	MV	Critical Care	MV	Critical Care	MV
IH	22	9	23	9	28	10
FH	18	10	23	10	26	12
NH	5	2	5	1	6	1
VCH	7	5	10	5	10	7
VIHA	5	2	7	3	10	3
PHSA	0	0	0	0	0	0
Total	57	28	68	28	80	33

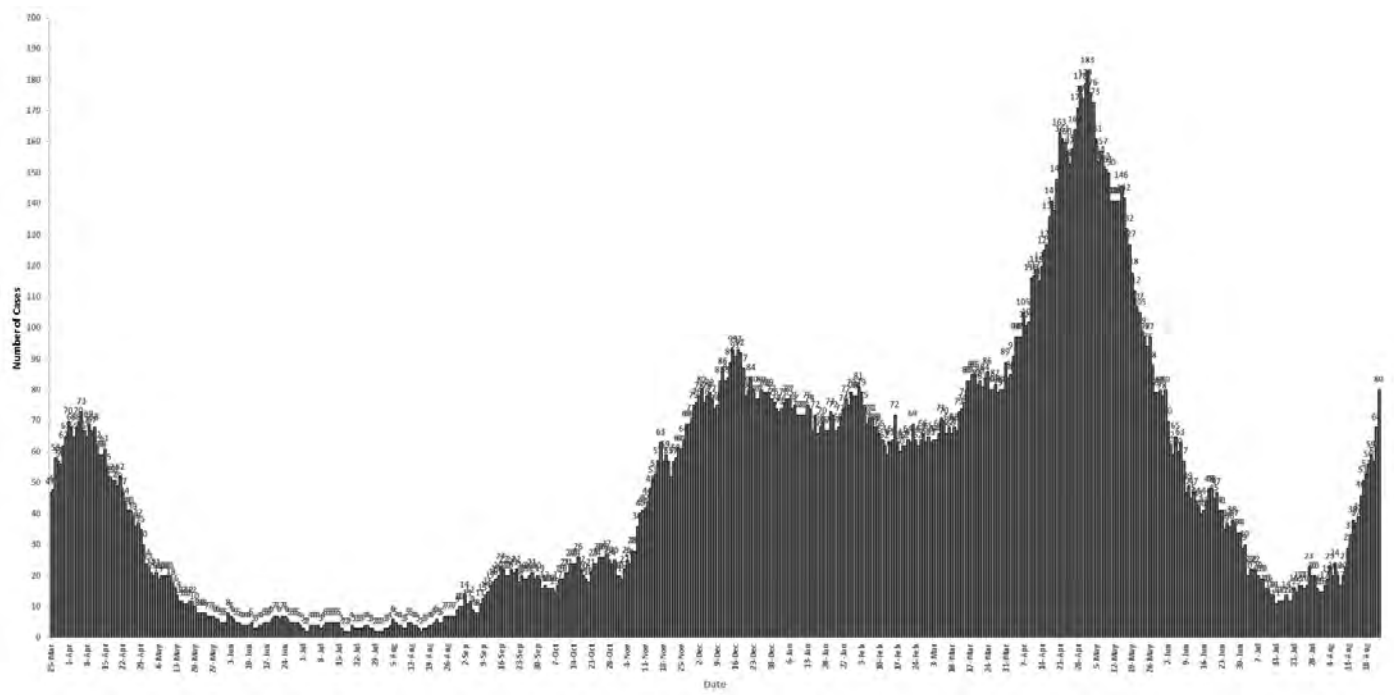
Total Suspected Critical Care COVID-19 Positive Patients						
21-Aug-21		22-Aug-21		23-Aug-21		
HA	Critical Care	MV	Critical Care	MV	Critical Care	MV
IH	3	0	4	0	2	1
FH	0	0	0	0	0	0
NH	1	0	0	0	0	0
VCH	0	0	0	0	0	0
VIHA	0	0	1	0	2	1
PHSA	0	0	0	0	0	0
Total	4	0	5	0	4	2

**Total Positive COVID-19 Critical Care Patients**



Please note as hospitals are adapting their operations to handle the recent surge in COVID-19 hospitalizations and optimize the bed usage, there could be some inaccuracies in the number of patients in critical care units. We are actively working with health authorities to identify and fix any issues as they come up. As a result, the number of COVID-19 patients in critical care may be adjusted for prior days.

Thank you,  
Ren



## Re: Vaccine Passport

---

From: Naus, Monika [BCCDC] <Monika.Naus@bccdc.ca>  
To: Henry, Bonnie [EXT] <bonnie.henry@gov.bc.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 8:37:48 PM PDT

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They don't. e.g., <https://allergyasthmanetwork.org/news/statement-on-covid-vaccine>

Thank you,

Monika

.....

Monika Naus MD FRCPC  
Medical Director, Communicable Diseases & Immunization Service  
Medical Head, Immunization Programs & Vaccine Preventable Diseases  
BC Centre for Disease Control  
[monika.naus@bccdc.ca](mailto:monika.naus@bccdc.ca)  
Tel 604.707.2540  
Cell s.22

---

**From:** Bonnie.Henry@gov.bc.ca  
**Sent:** August 23, 2021 22:04  
**To:** Monika.Naus@bccdc.ca  
**Subject:** FW: Vaccine Passport

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---

I didn't think they had latex?

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)  
Phone:s.17; s.19*

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---

**From:** s.22

**Sent:** August 23, 2021 6:46 PM

**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Dix.MLA, Adrian LASS:EX <Adrian.Dix.MLA@leg.bc.ca>; Minister, HLTH HLTH:EX <HLTH.Minister@gov.bc.ca>

**Subject:** Vaccine Passport

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dr Bonnie Henry and Adrian Dix,

So with bringing in the Vaccine Passports, what about the people who have Severe Anaphylaxis reactions to say Latex. Pfizer has already said that anyone with severe reactions can't take their vaccine. They say that they can't guarantee that they can keep Latex out of the packaging or delivery process at this time. I guess they don't really care about Everyone. And Now, neither do you.

You see, my wife is anaphylaxis to latex and can't take the vaccine. Because her reaction is so severe, the Latex protocols for Surrey Memorial Hospital were brought in place during Sars in 2003 with the birth of our first daughter. This news of the Passports has put her in a state of sheer uncertainty, frustration, and depression.

Are you going to make a Medical Exception Passport for people like her or are you going to contact Pfizer to process a batch of vaccines completely safe of Latex. Me and my daughter are vaccinated with Pfizer so I don't want to mix and match our family vaccines. I also don't want my wife to be restricted in life for something that she has no control over.

We are still following distancing and mask protocols when we go out now and will continue for the foreseeable future because we know that it will be around for longer than everybody thinks.

I look forward to hearing from you to this dilemma.

We are Not All the Same.

Cheers,

s.22



## RE: Clarity on today's announcement - Indoor organized gatherings

From: Jennifer Jones <jen@vrca.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Roxanne Schutz <roxanne@vrca.ca>  
Sent: August 23, 2021 8:43:35 PM PDT  
Attachments: image001.jpg

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thank you for your quick reply!

We do have one follow up question regarding the proof of vaccination passports. Who is responsible for checking event attendees for proof of passport? Is it the venue of the convenor of the event that is required to do so?

Thank you

Jen

Jennifer Jones | Manager, Events & Sponsorship | Vancouver Regional Construction Association

3636 East 4<sup>th</sup> Avenue, Vancouver, BC V5M 1M3 | P.604.293.6595 | E.[jen@vrca.ca](mailto:jen@vrca.ca) | [www.vrca.ca](http://www.vrca.ca)

 Please consider the environment before printing this email.

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Sent:** Monday, August 23, 2021 6:28 PM

**To:** Roxanne Schutz <roxanne@vrca.ca>

**Cc:** Jennifer Jones <jen@vrca.ca>

**Subject:** RE: Clarity on today's announcement - Indoor organized gatherings

Right now those requirements remain in place. We will reassess after October 24th when only vaccinated people will be able to attend and I hope we will be able to remove capacity limits then.

*Dr Bonnie Henry*

*Provincial Health Officer*

*Office of the PHO*

*Ministry of Health*

s.17; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.15; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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**From:** Roxanne Schutz <[roxanne@vrca.ca](mailto:roxanne@vrca.ca)>

**Sent:** August 23, 2021 4:05 PM

**To:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Cc:** Jennifer Jones <[jen@vrca.ca](mailto:jen@vrca.ca)>

**Subject:** Clarity on today's announcement - Indoor organized gatherings

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Good afternoon Dr. Henry,

With today's announcement re: proof of vaccination of non-essential organized events, as a non-profit we host these in accordance with the public health orders and are wondering if the capacity at indoor organized gatherings remains at 50% capacity with the proof of vaccination requirement as well?

If you could clarify this for us it would be greatly appreciated.

Thank you kindly,

Roxanne Schutz | Director of Operations | Vancouver Regional Construction Association

3636 East 4<sup>th</sup> Avenue, Vancouver, BC V5M 1M3 | P. 604.293.6583 | E. [roxanne@vrca.ca](mailto:roxanne@vrca.ca) | [www.vrca.ca](http://www.vrca.ca)

## RE: Mandatory LTDC/AL Vaccination - Draft order for review

From: Penny Ballem <s.22>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>  
Sent: August 23, 2021 9:07:26 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Brian and Bonnie – I think it might be an idea to see what the impact of this would be on staffing in IHA and NHA and eastern FHA – I think there was a sense that if you didn't get vaxed there would be an alternative (albeit difficult) path you could take and still work – we need to be ready for staff shortages especially in the north where they may well quit based on what we have already seen – I am not sure if MOH has had a discussion with the LTC leads in the HAs now that the intent of the order is very clear now – we can get them together quickly if you want to discuss.pb

Penny Ballem MD FRCP FCAHS  
Mobile s.22

---

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

**Sent:** Monday, August 23, 2021 6:58 PM

**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; XT:Ballem, Penny HLTH:IN s.22

**Subject:** RE: Mandatory LTDC/AL Vaccination - Draft order for review

Thanks Brian, that looks reasonable to me.

Bonnie

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

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---

**From:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

**Sent:** August 23, 2021 10:25 AM

**To:** Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; XT:Ballem, Penny HLTH:IN s.22

**Subject:** RE: Mandatory LTDC/AL Vaccination - Draft order for review

Good morning.

Further to our exchange below, attached is the draft order requiring vaccination of staff in long term care, assisted living for seniors, private hospitals, stand alone extended care hospitals, and provincial mental health facilities.

Before sending more broadly for consultation, as I mentioned, it is complicated due to timing of staff hiring, and the compressed time frame to get everyone vaccinated by October 12. The key difference between the HEABC memo and this approach is that the last day for first dose for current staff would be September 13 rather than August 31, which is only one week away. This would allow for second doses to be received up to October 11. The extra two weeks could be important for communicating these new rules and logistical planning.

Here is what is proposed, and want to be sure we are all on the same page.

Group 1 – Current staff.

Must have their second shot by October 12. That means staff who do not have any shots will need to get one shot prior to September 13 so that they can get the second shot by October 12, as they will not be allowed to work after October 12. They will need to wear a mask and get tested daily until 14 days have passed after their second shot. The way this works in the order is that while section 1 says all staff must be vaccinated October 12, section 3 a. says that, despite section 1, someone who has had two doses but is not 14 days post second shot can work after October 11, but must follow the measures in Part B (masks and testing).

Group 2 – Staff hired after September 13 but before October 12

Given that staffing pressures will result in a need to hire staff who perhaps only have one dose of vaccine, but there is not time to allow for two doses prior to October 12 (i.e. hired after September 13), Section 3 b. allows for hiring of staff who have had one dose of vaccine between September 13 and October 11, but they must get their second dose no later than 35 days after the first dose or they will not be allowed to work in the facility. In the time between starting and 14 days after getting the second dose they must wear and mask and be tested daily.

Group 3 – Staff hired after October 11.

They must be fully vaccinated. There will not be any allowance for unvaccinated staff to be hired after October 11.

Thanks and looknig forward to your feedback.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** August 23, 2021 9:03 AM

**To:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Brown, Stephen R HLTH:EX

<[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Moulton, Holly HLTH:EX

<[Holly.Moulton@gov.bc.ca](mailto:Holly.Moulton@gov.bc.ca)>; Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; XT:Ballem, Penny HLTH:IN

s.22

**Subject:** RE: Mandatory LTDC/AL Vaccination - Employer Notice Going Out Today

Thanks Brian, sounds good. And yes, we will hold the memo till we are aligned.

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

---

**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>

**Sent:** August 23, 2021 8:54 AM

**To:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Brown, Stephen R HLTH:EX

<[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>; Moulton, Holly HLTH:EX

<[Holly.Moulton@gov.bc.ca](mailto:Holly.Moulton@gov.bc.ca)>; Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; XT:Ballem, Penny HLTH:IN

s.22

**Subject:** RE: Mandatory LTDC/AL Vaccination - Employer Notice Going Out Today

Hi Mark.

I am just about to send the draft order around the morning and will explain the proposed timing of vaccination.

It is complicated and the premise you mention below may not be correct, so suggest holding on the memo until I send the order around and we all land on the same page about timing of vaccinations.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Sent:** August 23, 2021 8:34 AM

**To:** Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>;

Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Moulton, Holly HLTH:EX <[Holly.Moulton@gov.bc.ca](mailto:Holly.Moulton@gov.bc.ca)>;

Ferrier, Jeffrey GCPE:EX <[Jeffrey.Ferrier@gov.bc.ca](mailto:Jeffrey.Ferrier@gov.bc.ca)>; XT:Ballem, Penny HLTH:IN <s.22

**Subject:** Mandatory LTDC/AL Vaccination - Employer Notice Going Out Today

**Importance:** High

Hello Everyone,

Just wanted to put the attached draft memo on your radar... We will be sending it out later today to Employer's in LTC/AL with the direction to distribute and post it for their employees.

Bonnie/Brian – we are operating under the premise that all staff in LTC/AL must be vaccinated and clear the 14 days by Oct. 12<sup>th</sup>. If that is not accurate please let me know.

Penny – There may be logistical issues associated with getting people vaccinated. Let me know if we need to discuss. If there are any questions please let me know.

Thanks.

W. Mark A. Armitage MPA BSW

ADM | Health Sector Workforce and Beneficiary Services

Ministry of Health | 1515 Blanshard St., Victoria, B.C.

Phone (250) 952-3519

## Vaccine mandate in BC - query re: outdoor sports

From: s.22  
To: Bonnie.Henry@gov.bc.ca, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 9:18:44 PM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dear Dr. Bonnie Henry,

According to the new vaccine mandate guidelines you mention the following areas where vaccines will be mandated. There is no mention of outdoor sporting activities - does this infer outdoor organized sport is not included in the mandate? There has been confusion within various outdoor organized sport as some colleges are now mandating vaccination as per the "provincial" requirement.

Please see the below journal articles with respect to safety in outdoor sports and the low risk of transmission: Studies & Supporting Information

COVID-19 in Youth Sports, September 2020

<https://www.medrxiv.org/content/10.1101/2020.09.25.20201616v1.full>

Interestingly, in March 2021, the lead researcher in the above study is further quoted in a Post Media article:

"In terms of truly documented transmission between athletes during participation, I'm not aware of anything," says Dr. Drew Watson, lead author on three University of Wisconsin studies that investigated COVID-19 risks in sports, and senior author on three other UW studies on the mental-health effects of sports shutdowns. I know researchers who are struggling to find even a single case among outdoor-sports participants, in particular."

Scientific Studies of Youth Soccer Show Low (or No) Risk to Players, October 2020

<https://www.sportsdestinations.com/management/health/scientific-studies-youth-soccer-show-low-or-no-risk-19504>

SARS-CoV-2 transmission during rugby league matches: do players become infected after participating with SARS-CoV-2 positive players?, February 2021 <https://bjsm.bmj.com/content/early/2021/02/10/bjsports-2020-103714>

Study: No link between high school sports and COVID-19 transmission, November 2020

<https://www.kolotv.com/2020/11/24/study-no-link-between-highs-school-sports-and-covid-19-transmission/>

CIAU Study: Low rate of COVID transmission due to sports in fall, January 2021

[https://www.journalinquirer.com/sports/ciac-study-low-rate-of-covid-transmission-due-to-sports-in-fall/article\\_bd24318e-5233-11eb-844b-57f7abbd69a7.html](https://www.journalinquirer.com/sports/ciac-study-low-rate-of-covid-transmission-due-to-sports-in-fall/article_bd24318e-5233-11eb-844b-57f7abbd69a7.html)

Thank-you for your time in clarifying this matter so I can take it up with the VISL association.

--

*In Health,*

s.22

## Social media post for approval: mask mandate

---

From: Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 23, 2021 9:20:49 PM PDT  
Attachments: A picture containing text, book Description automatically generated.png

Hi Dr. Henry,

Please see the social media post for your approval, to go tomorrow after the announcement.

Thanks,

Aileen

POST #1

Due to rising COVID-19 cases, masks are now mandatory in all indoor public spaces for people 12 years and older.

BC's province-wide indoor mask mandate applies to everyone, even if you are fully vaccinated. Learn more:

[gov.bc.ca/COVID19restrictions](https://gov.bc.ca/COVID19restrictions)



Aileen Machell  
Communications Director, Health Communications  
250-361-5381

# Masks mandatory in indoor public spaces



COVID-19 IN BC

## RE: Mask Orders

---

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
Cc: Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: August 24, 2021 7:03:43 AM PDT  
Attachments: IH Wide MHO Masking Order - August 20 2021.pdf

Here it is – it is somewhat of a combination of the EP Act order and part of Workplace Safety order.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)  
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1  
T 250.952.1701 C<sup>s.17</sup> F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

---

**From:** Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
**Sent:** August 24, 2021 7:01 AM  
**To:** Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>  
**Cc:** Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
**Subject:** RE: Mask Orders

Thanks Brian, do you have the IH mask order as well?

I am thinking this would be aligned with that and a time limited indoor public space order.

b

*Dr Bonnie Henry  
Provincial Health Officer  
Office of the PHO  
Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT  
Victoria, BC  
V8W 9P4  
[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)  
Phone: s.17; s.19*

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

*Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.*

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**From:** Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>  
**Sent:** August 23, 2021 7:14 PM  
**To:** Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>; Henry, Bonnie HLTH:EX <[Bonnie.Henry@gov.bc.ca](mailto:Bonnie.Henry@gov.bc.ca)>  
**Cc:** Gustafson, Reka HLTH:IN <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>  
**Subject:** Mask Orders

Further to your call Stephen here are the previous mask mandate orders:

1. *EP Act* order for indoor public spaces (mo012), with amendment (m0200) which required mask use in fitness centres (but exempted people playing sports, which was a bit of an artificial split)
2. *PHO Workplace and Post-Secondary Institution Safety Order*. This order required employers to mandate mask wearing inside common areas of a workplaces; mandates mask wearing by workers in personal service establishments, food and liquor serving premises, or while serving customers in retail businesses; and requires that students in post-secondary institutions wear a mask inside common areas and classrooms.
3. Also for reference is the latest PH guidance for K-12. Masks are on pages 16-17.

Both of these include a list of exemptions.



Not covered is mask wearing by workers in a working area such as at their desk, or in a place which is not a common area. These places may be more appropriately covered by WorkSafeBC so I will check with them on how that should be done.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

T 250.952.1701 C<sup>s.17</sup>

F. 250.952. 1713 [brian.emerson@gov.bc.ca](mailto:brian.emerson@gov.bc.ca)

**MANDATORY MASKS / FACE COVERINGS – INTERIOR HEALTH COVID-19**

**ORDER – August 20, 2021**

**ORDER OF THE MEDICAL HEALTH OFFICER**

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

The *Public Health Act* and Regulations are at:

<http://www.bclaws.ca/civix/content/complete/statreg/08028/?xsl=/templates/browse.xsl>

- TO: ALL RESIDENTS AND VISITORS OF THE INTERIOR HEALTH REGION** (Including: urban and rural districts, organized and unorganized communities within the Interior Health Region)
- TO: ALL OWNERS AND OPERATORS OF WORKPLACES LOCATED IN THE INTERIOR HEALTH REGION**

In the matter of an ORDER made pursuant to Part 4 Division 4 of the *British Columbia Public Health Act*, I, **Dr. Robert Parker**, Medical Health Officer, Interior Health Authority, **Kelowna, BC**, am of the opinion that a Public Health Hazard exists in the Interior Health Region for the following reasons:

- A. On March 17, 2020 the Provincial Health Officer, Dr. Bonnie Henry, provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases, clusters and outbreaks of a serious communicable disease known as COVID-19 among the population of the Province of British Columbia, constitutes a regional event as defined in section 51 of the *Public Health Act*;
- B. The SARS-CoV-2 virus, an infectious agent, can cause outbreaks of COVID-19 and a person infected with SARS-CoV-2 can infect other people with whom the infected person is in direct contact through droplets in the air, or from fluid containing SARS-CoV-2 left on surfaces;
- C. Close contact resulting from the gathering of people including workers and patrons, in indoor spaces promotes and increases the risk of transmission of SARS-CoV-2 and increases the number of people who develop COVID-19 and become seriously ill;
- D. Virus variants of concern, which are more transmissible and have the potential to cause more serious illness, including among younger populations, are now present in Canada and the Province, and have heightened the risk to the population;
- E. Masks / face coverings, when used in addition to other protective measures such as maintaining physical distance and using barriers, help to prevent, respond to or alleviate the effects of the COVID-19 pandemic;
- F. There has been a recent increase in the number of persons infected with COVID-19, particularly in the Interior Health Region (hereinafter collectively referred to as the “**Affected Area**” or “Interior Health”);

- G. This increase has resulted in increased cases of COVID-19, clusters of people with COVID-19, outbreaks of COVID-19, the transmission of COVID-19 to surrounding communities, and in particular, an increase in populations who are not yet vaccinated, contracting more serious COVID-19 illness, all of which increases the risk of hospitalizations, intensive care admissions, and deaths; and
- H. I have reason to believe and do believe that:
- a. The risk of a sustained or further outbreaks of COVID-19 constitutes a health hazard under the *Public Health Act*; and
  - b. There is an immediate and urgent need for focused action in the Affected Area to reduce the rate of transmission of COVID-19, and that it is in the public interest for me to exercise the powers in sections 30, 31, 32 and 39(3) of the *Public Health Act* **TO ORDER** as follows:

**RECOGNIZING THAT THERE IS CURRENTLY A HEIGHTENED LEVEL OF RISK OF TRANSMISSION OF COVID-19 IN THE AFFECTED AREA, THIS ORDER IS ISSUED FURTHER TO THE PROVINCIAL HEALTH OFFICER'S GATHERINGS AND EVENTS ORDER, DATED JULY 7, 2021, AND FOOD AND LIQUOR SERVING PREMISES ORDER, DATED JUNE 30, 2021 (HEREINAFTER COLLECTIVELY REFERRED TO AS THE "PHO ORDERS") AND, ON PUBLICATION OF THIS ORDER ON THE PROVINCIAL HEALTH OFFICER'S WEBSITE, THIS ORDER IS INCORPORATED INTO THE PHO ORDERS.**

**A CONTRAVENTION OF THIS ORDER IS A CONTRAVENTION OF THE PHO ORDERS.**

**TO THE EXTENT THAT THE PROVISIONS OF THIS ORDER ARE INCONSISTENT WITH THE PROVISIONS OF THE PHO ORDERS, THE PROVISIONS OF THIS ORDER SUPERSEDE THE INCONSISTENT PROVISIONS OF THE PHO ORDERS FOR THE AFFECTED AREA.**

**THIS ORDER IS LIMITED IN APPLICATION TO THE AFFECTED AREA.**

**THIS ORDER AMENDS THE INTERIOR HEALTH MHO MANDATORY FACE COVERINGS ORDER OF AUGUST 3, 2021.**

#### **Definitions**

**1** In this order:

**"enforcement officer"** has the same meaning as in the Violation Ticket Administration and Fines Regulation with respect to a person in a designated class of persons with the authority to issue a ticket in relation to the provisions of this order;

**"mask or face covering"** means either of the following that covers the nose and mouth of a person:

- (a) a medical or non-medical mask;
- (b) a tightly woven fabric; and
- (c) for certainty, a mini or large clear plastic face shield is not a mask or face covering under this Order;

**"indoor public space"** has the meaning given in section 2 (2);

**"operator"** in relation to an indoor public space, means

- (a) an owner or operator of the indoor public space, or

(b) an employee, worker or person acting on behalf of an owner or operator, or holding responsibility of the indoor public space;

**"patron"** means a person who visits an indoor public space, but does not include the operator of the indoor public space;

**"personal service establishment"** means an establishment in which a person provides a service to or on the body of another person, and includes a barbershop, hair salon, beauty parlour, health spa, massage parlour, nail salon, tattoo shop, sauna or steam bath;

**"physical barrier"** means a barrier which is designed, installed and maintained in accordance with WorkSafeBC guidance at <https://www.worksafebc.com/en/resources/health-safety/information-sheets/covid-19-health-safety-designing-effective-barriers?lang=en>;

**"workplace"** does not include an operator's private residence while in use for residential purposes only.

## **Interpretation - Indoor public spaces**

2 (1) In this section:

**"health profession"** has the same meaning as in the *Health Professions Act*;

**"health professional"** means a person who practises a health profession;

**"hotel"** includes a motel, inn, bed and breakfast, hostel or other place in which rooms are maintained for the accommodation to the public;

**"indoor common area"** means the indoor area of a building that is provided for the common use of all occupants and invitees of the building, or the inside area of a workplace that is in common use by operators and workers of that workplace, including: lobbies, hallways, public or operators bathrooms, elevators, stairwells, breakrooms, staff kitchens, cafeterias, and a workplace vehicle (if there is more than one person in the vehicle);

**"indoor residential"** means the indoor area solely occupied by the residents;

**"perimeter seating"** has the same meaning as in the Passenger Transportation Regulation;

**"perimeter seating bus"** has the same meaning as in the Passenger Transportation Regulation;

**"personal service"** means a service provided by a person to or on the body of another person, and includes services provided at a barbershop, hair salon, beauty parlour, health spa, massage parlour, nail salon, tattoo shop, sauna or steam bath;

**"post-secondary institution"** includes an entity that provides any of the following programs:

(a) an educational or training program provided under

(i) the *College and Institute Act*,

(ii) the *Royal Roads University Act*,

(iii) the *Thompson Rivers University Act*,

(iv) the *University Act*, or

(v) the *Private Training Act*;

(b) a program provided in accordance with a consent given under the *Degree Authorization Act*;

(c) a theological education or training program provided under an Act;

**"public transportation vehicle"** includes a bus, train or ferry;

**"retail business"** means a business that sells retail goods, including a grocery store, clothing store, liquor or cannabis store, or sporting goods store;

**"service business"** means a business that provides a service, including:

(a) dry cleaning or laundry services,

(b) insurance services,

(c) banking services,

(d) funeral services,

(e) personal services,

(f) accounting, legal, engineering or other professional services, or

(g) the services of a tradesperson;

**"sport or fitness facility"** means a place used for sport or fitness activities, including a gym, ice arena, pool, gymnastics facility, indoor field, fitness studio or dance studio.

(2) For the purposes of this order, an indoor public space is any of the following:

(a) a building or structure that is used as

(i) a retail business,

(ii) a service business,

(iii) a restaurant, pub, bar or other business that prepares and sells food or drink,

(iv) a mall or shopping centre,

(v) a pharmacy,

(vi) a health professional's office,

(vii) a place of public worship,

(viii) a sport, fitness facility, or gym

(ix) a place in which a non-profit organization provides goods or services to the public,

(x) a place that provides cultural, entertainment or recreational services or activities,

including a theatre, cinema, concert hall, arcade, billiard hall, museum, gallery or library, or

(xi) a conference centre, community hall or other place that hosts public events;

(xii) and for clarity, any non-residential indoor space

(b) the indoor common area of

(i) an office building,

(ii) a hotel,

- (iii) a hospital,
- (iv) a courthouse, or
- (v) a post-secondary institution;
- (c) a taxi, limousine, perimeter seating vehicle, perimeter seating bus, vehicle used for a commercial ride sharing service or other vehicle for hire;
- (d) a public transportation vehicle;
- (e) the indoor or sheltered portion or a terminal, station or other location at which persons
  - (i) load onto or unload from a public transportation vehicle, or
  - (ii) wait to load onto a public transportation vehicle;
- (f) an airport, heliport or seaplane terminal.

### **Mask or face coverings required in indoor public spaces and indoor common areas**

- 3** (1) Effective immediately, masks or face coverings are mandatory in all indoor public spaces and indoor common areas.
- (2) Except as provided under section 4, each patron and operator must wear a mask or face covering, in accordance with subsection (3), while inside an indoor public space or indoor common area.
- (3) A mask or face covering must be worn in a manner that covers the nose and mouth.

### **Exemption from use of a mask or face covering**

**4** Section 3 does not apply as follows:

- (a) to a person who is less than 12 years of age;
- (b) to a person who is unable to wear a mask covering because of
  - (i) a psychological, behavioural or health condition, or
  - (ii) a physical, cognitive or mental impairment;
- (c) to a person who is unable to put on or remove a mask covering without the assistance of another person;
- (d) if the mask or face covering is removed temporarily for the purposes of identifying the person wearing it;
- (e) while inside a courtroom;
- (f) while consuming food or beverage at a location designated for those purposes by the operator of the indoor public space;
- (g) while receiving a personal service, or a service at a health professional's office, if removing the mask covering is necessary in order to receive the service;
- (h) while inside a vehicle on a ferry; or
- (i) while communicating with a person at a 2m distanced, who has a hearing impairment.

### **Physical barrier required for operators where masks or face coverings cannot be worn**

- 5 (1) An operator in a personal service establishment, or premises to which the *Provincial Health Officer's Food and Liquor Serving Premises Order* applies, or serving customers in a retail business, who is not wearing a mask covering over their nose and mouth as required by section 3, must not provide services to a patron, or serve a patron, unless there is a physical barrier between the operator and the patron.
- (2) A person within indoor public space or an indoor common area not meeting section 3 mask and face coverings requirements must maintain 2m distancing or be separated by a physical barrier.
- (3) Subsection 2 is not a substitution for the requirements to wear a mask within an indoor public space or indoor common area.

### **Order does not prevent further requirements**

- 6 Nothing in this order prevents an operator from having additional requirements in relation to face coverings.

### **General compliance matters**

- 7 (1) A direction given by an enforcement officer relating to a person's compliance with this order, including a direction to leave an indoor public space, must be complied with.
- (2) A patron of an indoor public space must not engage in abusive or belligerent behaviour towards an enforcement officer, another visitor or the operator of the indoor public space in relation to the other person's efforts
- (a) to comply with, or
- (b) to respond to, prevent or correct contraventions of a face covering requirement.

Pursuant to Section 42 of the *Public Health Act*, you have a duty to comply with this order.

### **Right to Review or Reconsideration**

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*, I will not be accepting requests for reconsideration of this Order.

### **General emergency powers**

- 54 (1) A health officer may, in an emergency, do one or more of the following:
- (h) not reconsider an order under section 43 [*reconsideration of orders*], not review an order under section 44 [*review of orders*] or not reassess an order under section 45 [*mandatory reassessment of orders*];

### **Duration of the Order**

This ORDER remains in effect until rescinded by myself or another Interior Health Medical Health Officer under section 46 of the *Public Health Act*.

### **Consequences of Failure to Comply**

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*.

Dated this 20<sup>th</sup> day of August, 2021

Signed:

A handwritten signature in black ink, appearing to read 'R. Parker', with a stylized flourish at the end.

Dr. Robert Parker, FRCPC  
Delegated by Dr. Sue Pollock, FRCPC OIC#784  
Interim Chief Medical Health Officer  
Interior Health

DELIVERY BY:        Posting to the BC Government, BC Centre for Disease Control and Interior Health  
                                 Authority websites

Enclosure:        Excerpts of the *Public Health Act* and the Protective Measures (COVID-19) Order No. 2  
                                 continued under the *COVID-19 Related Measures Act*



## ENCLOSURE

### Excerpts of the *Public Health Act* [SBC 2008] c. 28

#### ***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;

#### **When orders respecting health hazards and contraventions may be made**

**30** (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or
- (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

#### **General powers respecting health hazards and contraventions**

**31** (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;
- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;

(d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

(2) A health officer may issue an order under subsection (1) to any of the following persons:

(a) a person whose action or omission

(i) is causing or has caused a health hazard, or

(ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;

(b) a person who has custody or control of a thing, or control of a condition, that

(i) is a health hazard or is causing or has caused a health hazard, or

(ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;

(c) the owner or occupier of a place where

(i) a health hazard is located, or

(ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

### **Specific powers respecting health hazards and contraventions**

**32** (1) An order may be made under this section only

(a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and

(b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

(a) have a thing examined, disinfected, decontaminated, altered or destroyed, including

(i) by a specified person, or under the supervision or instructions of a specified person,

(ii) moving the thing to a specified place, and

(iii) taking samples of the thing, or permitting samples of the thing to be taken;

(b) in respect of a place,

- (i) leave the place,
- (ii) not enter the place,
- (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,
- (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
- (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;

(c) stop operating, or not operate, a thing;

(d) keep a thing in a specified place or in accordance with a specified procedure;

(e) prevent persons from accessing a thing;

(f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;

(g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;

(h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;

(i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;

(j) provide evidence of complying with the order, including

- (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and

- (ii) providing to a health officer any relevant record;

(k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

(a) the person consents in writing to the destruction of the thing, or

(b) Part 5 [*Emergency Powers*] applies.

### **Contents of orders**

**39** (3) An order may be made in respect of a class of persons.

(6) A health officer who makes an order may vary the order

(a) at any time on the health officer's own initiative, or

(b) on the request of a person affected by the order, following a reconsideration under section 43 [*reconsideration of orders*].

### **Duty to comply with orders**

**42** (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

### **General emergency powers**

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

(h) not reconsider an order under section 43 [*reconsideration of orders*], not review an order under section 44 [*review of orders*] or not reassess an order under section 45 [*mandatory reassessment of orders*];

### **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*];

## Excerpts of the PROTECTIVE MEASURES (COVID-19) ORDER NO. 2

### Definitions

1 In this order:

“**enforcement officer**” has the same meaning as in the Violation Ticket Administration and Fines Regulation with respect to a person in a designated class of persons with the authority to issue a ticket in relation to the provisions of this order;

“**food and liquor serving premises**” has the same meaning as “premises” in the Food and Liquor Serving Premises Order;

“**Food and Liquor Serving Premises Order**” means the applicable written order in respect of food and liquor serving premises made under the Public Health Act by the provincial health officer;

“**Gatherings and Events Order**” means the applicable written order in respect of gatherings and events made under the Public Health Act by the provincial health officer;

### General compliance matters

6 (1) A person must comply with a direction given by an enforcement officer under this order, including a direction to disperse.

(2) A person must not engage in abusive or belligerent behaviour towards another person in relation to the other person’s efforts

(a) to comply with this order, the Food and Liquor Serving Premises Order or the Gatherings and Events Order, or

(b) to respond to, prevent or correct contraventions of this order, the Food and Liquor Serving Premises Order or the Gatherings and Events Order.

## RE: Make Schools Safe

From: Ann Whiteaker <awhiteaker@sd61.bc.ca>  
To: s.22 premier@gov.bc.ca,  
bonnie.henry@gov.bc.ca, HLTH.Minister@gov.bc.ca,  
educ.minister@gov.bc.ca, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>, Minister, EDUC EDUC:EX  
<EDUC.Minister@gov.bc.ca>, Minister, HLTH HLTH:EX  
<HLTH.Minister@gov.bc.ca>, OfficeofthePremier, Office PREM:EX  
<Premier@gov.bc.ca>  
Cc: Trustees <trustees@sd61.bc.ca>, Deb Whitten <dwhitten@sd61.bc.ca>  
Sent: August 24, 2021 7:26:51 AM PDT  
Attachments: image002.png, image003.png, image004.png, image001.png

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thank you for your email<sup>s.22</sup> and for sharing how covid has affect your learning and family. It is my hope that you and your friends will be able to reconnect this September.

We want you to know that our District is in a position to respond quickly to a variety of scenarios that may arise due to the ongoing pandemic. Over the past year and a half, we have adapted and implement safety measures to protect our students, staff, and families as the landscape of the pandemic continuously evolved.

We are working closely with the Ministry of Education and the Ministry of Health, who will be communicating further direction this week. Once the District receives any further guidance, we will update all families on what safety measures will be in place as schools open next month.

We want to assure you that there will be safety plans in place in all our schools which will provide layers of protection for both students and staff in our buildings and adhere to the guidelines set by our Public Health Officials. Vaccinations, daily health checks and staying home when sick, are important steps we can all take to our keep schools low-risk settings for COVID-19.

Thank you again for sharing your concerns and we look forward to sharing more details as they become available.

**Ann Whiteaker**

**Chair**, Board of Education

Greater Victoria School District No. 61

Cell 250.888.7695

 [www.sd61.bc.ca](http://www.sd61.bc.ca) |  @sd61schools



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**From:** s.22

**Sent:** Sunday, August 22, 2021 3:33 PM

**To:** premier@gov.bc.ca; bonnie.henry@gov.bc.ca; HLTH.Minister@gov.bc.ca; educ.minister@gov.bc.ca

**Cc:** Trustees <trustees@sd61.bc.ca>; Deb Whitten <dwhitten@sd61.bc.ca>

**Subject:** Make Schools Safe

CAUTION: External email. DO NOT click links or open attachments unless you are confident about the source.

CAUTION: External email. DO NOT click links or open attachments unless you are confident about the source.

(letter written by<sup>s.22</sup>

Dear Premier Horgan, Dr Bonnie Henry, Minister Dix, and Minister Whiteside,  
(Cc: SD61 Trustees & Dep. Superintendent Deb Whitten)

I want schools to be safe enough for me and my family to feel comfortable to be there. I was in remote school all last year and I missed everything and missed my friends. Please make sure schools are as safe as possible so I don't get Covid and my parents won't worry about me and my sisters.

Some of the ways to do this are mandatory masks, eating lunch and snack outside, air filters for classrooms, outdoor lessons, physical distancing, Covid tests for any kid or adult who needs it, and cohorts that prevent contacts from other classes. Even if the teachers or students have two vaccines, they still need to wear masks to stop spreading it around.

Just so you know, Covid IS airborne and you have to admit that to protect us!

Because Covid is increasing now my parents are feeling unsure about us going to school. It would be appreciated if you could make a decision to help schools be safer so I can see my friends. I really miss them and I haven't seen them much for almost two years.

Please don't ruin my last year of elementary school. I will remember your decisions when I'm old enough to vote. If you want my vote, do better!!!!!!!!!!!!

Sincerely,

s.22

## FW: Update: Cold Chain Incident - Revelstoke

From: Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>  
Sent: August 24, 2021 8:22:17 AM PDT  
Attachments: Update.Aug23.Issue Note.CCI.Rev.docx, image001.jpg

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi Bonnie – IH lead MHO Dr. Carol Fenton would have made Reka aware of this issue last week, but just wanted to make sure you were aware as well.

Rob

---

**From:** Spence, Jonathan <Jonathan.Spence@interiorhealth.ca>

**Sent:** Monday, August 23, 2021 6:25 PM

**To:** Bloemink, Karen <Karen.Bloemink@interiorhealth.ca>; Hughes, Andrew <Andrew.Hughes@interiorhealth.ca>

**Cc:** Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>; White, Lila-Mae <Lila-Mae.White@interiorhealth.ca>; Harris, Dr. Devin <Devin.Harris@interiorhealth.ca>; McKeown, Shari <Shari.McKeown@interiorhealth.ca>; Taylor, Yvonne <Yvonne.Taylor@interiorhealth.ca>; Shewchuk, Chris <Chris.Shewchuk@interiorhealth.ca>; Furey, Christopher <Christopher.Furey@interiorhealth.ca>; Fenton, Dr. Carol <Carol.Fenton@interiorhealth.ca>; Wilson, Adam <Adam.Wilson@interiorhealth.ca>; Wise, Holly <Holly.Wise@interiorhealth.ca>; MacDonald, Dr. Susan (EMD) <Susan.MacDonald2@interiorhealth.ca>

**Subject:** RE: Update: Cold Chain Incident - Revelstoke

Please find attached the update for Aug 23.

Disclosure calls will commence Aug 25. Baring any issues a wrap up meeting will be scheduled for Aug 30 or 31.

Thanks,

Jon

---

**From:** Spence, Jonathan

**Sent:** Friday, August 20, 2021 5:27 PM

**To:** Bloemink, Karen <Karen.Bloemink@interiorhealth.ca>

**Cc:** Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>; White, Lila-Mae <Lila-Mae.White@interiorhealth.ca>; Harris, Dr. Devin <Devin.Harris@interiorhealth.ca>; McKeown, Shari <Shari.McKeown@interiorhealth.ca>; Taylor, Yvonne <Yvonne.Taylor@interiorhealth.ca>; Shewchuk, Chris <Chris.Shewchuk@interiorhealth.ca>; Furey, Christopher <Christopher.Furey@interiorhealth.ca>; Fenton, Dr. Carol <Carol.Fenton@interiorhealth.ca>; Wilson, Adam <Adam.Wilson@interiorhealth.ca>

**Subject:** RE: Update: Cold Chain Incident - Revelstoke

Please find attached the update on this matter for Aug 20.

Of the 515 clients impacted 14 were first doses and 501 were second doses.

Operations is ready to start the disclosure calls on Tuesday, Aug 24. Public communications are needed by EOD Monday, August 23

Jon

---

**From:** Spence, Jonathan

**Sent:** Thursday, August 19, 2021 6:22 PM

**To:** Bloemink, Karen <Karen.Bloemink@interiorhealth.ca>; Taylor, Yvonne <Yvonne.Taylor@interiorhealth.ca>; 'Wilson, Adam (Adam.Wilson@interiorhealth.ca)' <Adam.Wilson@interiorhealth.ca>; White, Lila-Mae <Lila-Mae.White@interiorhealth.ca>; Mantie, Carla <Carla.Mantie@interiorhealth.ca>; Fenton, Dr. Carol <Carol.Fenton@interiorhealth.ca>

**Cc:** Parker, Dr. Robert <Robert.Parker@interiorhealth.ca>

**Subject:** Update: Cold Chain Incident - Revelstoke

Please find attached the update on the Covid vaccine cold chain incident follow up.

Further discovery regarding timing in the Lillooet health centre has resulted in a decrease in the number of clients impacted.



Zero clients in Lillooet received vaccine that had been incorrectly stored as the vaccine used had been moved from the -20C freezer to fridge temperature, extending its period of approved stability.

114 doses of Pfizer vaccine were not pulled out of the -20C freezer in time and they have been quarantined and will be destroyed

**Jonathan Spence**

Manager

Communicable Disease Prevention and Control

Population Health Services

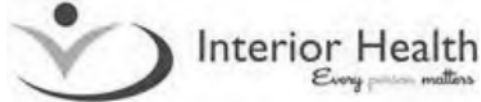
Office: 250-549-5780

Mobile: 250-222-2222

Email: [jonathan.spence@interiorhealth.ca](mailto:jonathan.spence@interiorhealth.ca)

Interior Health | [www.interiorhealth.ca](http://www.interiorhealth.ca)

I acknowledge that my workplace is within the ancestral, traditional, and unceded territory of the Syilx Nation.



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## **Issue Note: Cold Chain Incident – Revelstoke and Lillooet – COVID-19 Vaccine**

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**Updated: Aug 23, 2021**

### **Issue**

Incorrect storage of Pfizer covid vaccine in the Revelstoke Health Centre and the Lillooet Health Centre has resulted in approximately 288 doses of vaccine to be deemed unusable and 1750 doses given to clients to be deemed invalid.

UPDATE: (Aug 18) upon further assessment the number of impacted clients are 515 in Revelstoke.

UPDATE 2: (Aug 19) Vaccine used for immunizations in Lillooet have been determined to have been moved from the -20C freezer to the Fridge prior to use in the clinics. As a result there are NO invalid doses delivered to clients in Lillooet, but there are 114 doses that have been quarantined and will be destroyed

### **Background**

The vaccine exceeded the maximum storage recommendation at -20C (336 hours) and stability of the product could not be confirmed by the manufacturer.

The error in storage conditions was discovered on August 11 in Revelstoke and Aug 12 in Lillooet.

The IH Biological Coordinator reached out to BCCDC and Pfizer for an assessment of the stability of the product outside of the standard recommendation and received the response on August 17 that there is not data to support the stability of the vaccine in this situation.

### **Proposed Method of Resolution**

The doses that remained in inventory (114 in Lillooet and 174 in Revelstoke) were quarantined upon discovery of the temperature issue and will be destroyed as per standard COVID wastage process.

Clients who received doses that have been deemed invalid will be contacted, the issue disclosed and arrangements will be made for them to receive an additional dose of vaccine.

These follow up steps will be managed by Jonathan Spence in his role as the Manager of the Immunization program. Next steps are outlined on the next page:

Red denotes added or updated since last update

Next steps:	Accountable	Time frame	Status
Compile the full list of all clients that are impacted	Immunization Program and PH System support	End of day Aug 19	COMPLETE
Send the prioritized client list to PH	J. Spence	EOD Aug 23	COMPLETE
Breakdown of 1st vs 2nd doses for impacted clients	Immunization Program and PH System support	End of Day Aug 20	COMPLETE D1: 14 D2: 501  Zero of the impacted clients have been diagnosed with COVID between July 1 and Aug 17
Create a message to be communicated to clients regarding the error	Immunization Program and MHO	End of day Aug 19	COMPLETE
Create a public message re. the error and IH response	Communications	End of Day Aug 20- ASAP	IN PROGRESS-  With the Ministry Communications awaiting approval. To be released upon approval
Plan low barrier, timely opportunity to provide additional doses to impacted clients	Public Health Operations	Plan by Aug 19, schedules for week of Aug 23 forward as needed for clients	COMPLETE= Clinics available Aug 27 and 28
Identify 4-6 PHN or PPO staff to make disclosure calls	Public Health Operations- Yvonne Taylor	Identified by Aug 20	COMPLETE
Flag each of these clients in the System to allow for	PH System support	Determine possibility by Aug 20	COMPLETE- not able to flag, however, with invalidation of the doses these will not be

receipt of the replacement doses			recorded as a 3rd dose, so there should not be confusion
Contact all impacted clients to disclose the invalid dose and arrange for them to receive an additional dose of vaccine	Public Health Operations - Yvonne Taylor	Complete by August 31	IN PROGRESS- Plan in place  Disclosure to be done by Public Health Nurses via phone call. Calls are planned for Aug 25 forward.
Follow up meeting to wrap up actions	J. Spence	Book for Aug 30	IN PROGRESS- to book a wrap up meeting once disclosures are complete

## Cold Chain Incident – Revelstoke– COVID-19 Vaccine

### Disclosure Script:

*\*Disclosure conversations should be truthful, fact-based, empathic, compassionate, honest and transparent. Use simple language and avoid acronyms. Speak slowly and clearly, and provide the client with time to absorb the information. Consider cultural and personal needs (for example, client may want others present during the call). If language barriers exist, arrange for an interpreter and reschedule the meeting.*

May I please speak to <name of client>. Hello, my name is \_\_\_\_\_ I am calling from Interior Health about the dose of Pfizer Covid-19 vaccine that you were given on (Date).

Can you confirm that you did receive a dose of COVID vaccine on that date?

#### **If yes:**

Interior Health has determined that the vaccine was stored in the wrong freezer prior to its use. While your dose may still have increased your protection against COVID, we consulted with the manufacturer and they have informed us that there is a risk that the vaccine may have been less effective as a result of this error. The Pfizer vaccine needs to be stored at a very cold temperature, and it was not kept as cold as it should have been. We didn't discover this until after you had received your dose of vaccine.

I'm sorry we made an error in how we stored the vaccine, and that we didn't catch this before giving it to you.

Interior Health is working to connect with each one of the affected patients, and we have taken steps to ensure the proper storage temperature for vaccines in all of our clinics. To ensure that you have full protection, we would like to offer you another dose as soon as possible.

We would like to offer you an appointment (available dates and times).

I understand this might be very distressing for you to hear. Do you have any questions I can answer for you?

#### **If no:**

*Confirm the clients name and date of birth if possible*

*Inquire if they received a Covid shot on a different date*

*If you are not certain you are speaking with the correct client, thank them for their time and indicate we must have incorrect contact information.*

*\*If client seems dissatisfied after disclosure conversations, refer to PCQO 1-877-442-2001 or PCQO@interiorhealth.ca.*

## Re: August 23 BC covid passport

From : s.22  
To: lorne.doerkson.mla@leg.bc.ca, hlth.health@gov.bc.ca, Bonnie.Henry@gov.bc.ca, premier@gov.bc.ca, Doerkson.MLA, Lorne LASS:EX  
<Lorne.Doerkson.MLA@leg.bc.ca>, Henry, Bonnie HLTH:EX  
<Bonnie.Henry@gov.bc.ca>, OfficeofthePremier, Office PREM:EX  
<Premier@gov.bc.ca>, Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>  
Sent: August 24, 2021 8:27:00 AM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Dear Leaders in Government,

As a s.22

I am horrified, concerned, and shocked by this new health order announced August 23, 2021. People now require a "covid vaccine card" to enter non essential establishments. I feel this is a complete violation of my personal freedoms. I have taught my young children, "my body, my choice." So I still have a choice of whether I inject my body with the vaccine, but if I chose not to take the vaccine, you take away my right to enjoy the things that bring me happiness and feel like a valuable accepted member of society. I am s.22 now I am segregated in that I have not taken the vaccine. Essentially you take away things that are important and critical for my mental health and well being; Socializing with my friends. You also take away my right to privacy of personal medical information. I live in a small community, how can I be sure the host at the front of the restaurant will keep my information confidential at the end of their shift.

If the vaccine is so effective in protecting from Covid, why is there concern of vaccinated being with unvaccinated? A vaccine that assumes no liability for adverse reactions. I would like to see how safe this vaccine is deemed a year after it's injected. Perhaps with more time and research I would be willing to get it. Our numbers rose once masks and social distance measures decreased. I'm certainly not a fan of masks especially when children are required to wear it while learning. Breathing back in what they are supposed to breathe out for 6 hours a day is in no way good for their long term health! Children thrive on being able to see facial expressions, taking that away can only increase their anxiety for some. I do not judge those who choose to be vaccinated but do not agree with being bullied into injecting something into my body. Really how many of these new covid cases come from vaccinated individuals. Surely the vaccinated are still getting sick.

It has been said, "those who ignore history are doomed to repeat it". This feels as only the beginning of a repeat of history. How far will this control and lack of freedom go? Will this end in January? Or will this progress go so far as to take away all my rights and freedoms and segregate me until I comply.

I'm very concerned for my future and most certainly for my children's future. Please reconsider and review the far reaching, not yet seen impacts of this provincial decision.

Sincerely,

A Concerned citizen

Get [Outlook for Android](#)

## RE: Scared to get vaccinated due to no lining to my brain

From: s.22  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 24, 2021 8:33:28 AM PDT

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello Dr. Bonnie Henry,

First off, thank you soooo very much for taking the time to get back to me. Unfortunately that's the problem – nobody can tell me and all I get is "you SHOULD be safe". That's not good enough for me. In my small group of friends I already know two people who ended up in emergency with their lungs full of fluid a day or two after they got their second shot. I don't believe it was the shot per say, but do believe that there was a weakness that the shot brought to the surface. Either way, it's just so frustrating to have an neurological under lying issue. I am so frightened that it will trigger something.

I now here I won't be allowed to go to restaurants etc.. and keep listening on the news to find out what people like me do?

I won't keep you any longer as I know you are a very busy lady and please know that I respect you so much and appreciate everything you have done for everyone!!! You are one amazing lady 😊

Take care!

s.22

---

**From:** Henry, Bonnie HLTH:EX

**Sent:** August 11, 2021 5:20 PM

**To:** s.22

**Subject:** RE: Scared to get vaccinated due to no lining to my brain

Hello s.22

I cannot provide you with individual clinical advice and you will need to keep talking to your doctors for that. I can say that in general the vaccines are safe in people with conditions like yours and as a matter of fact are very important to prevent what could be very serious illness if you were infected with COVID-19. The vaccines we have are safe, and work very well and adverse events after receiving vaccines are rare and mostly mild. I encourage you to receive the important protection that vaccines provide. We have safely immunized millions of people in BC and immunizers are very skilled and can support you to get your vaccines safely too.

My best,

*Dr Bonnie Henry*

*Provincial Health Officer*

*Office of the PHO*

*Ministry of Health*

s.15; s.19

*Mailing address: PO Box 9648, STN PROV GOVT*

*Victoria, BC*

*V8W 9P4*

[Bonnie.henry@gov.bc.ca](mailto:Bonnie.henry@gov.bc.ca)

Phone: s.17; s.19

*I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em*

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From: s.22

Sent: August 11, 2021 9:42 AM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Subject: Scared to get vaccinated due to no lining to my brain

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Dr. Bonnie,

I apologize for reaching out but I am literally at my wits end. I really want to get vaccinated but absolutely petrified as nobody can give me an answer. Below is what I have done thus far and as you can see, no answers that are making me feel safe. I really don't know what to do? I know you are super busy and probably don't need my email but if you do find time to give me your advice/thoughts, I would be very grateful!

1. s.22

so

my then brain surgeon removed my lining of my brain so that he got all the cells in hopes of it not recurring. He was successful 😊

2. Since the surgery I do suffer from what they call white coat PTSD so very nervous with anything medical/dental.

3. Since the surgery I have a very low tolerance to any medication such as advil (taking 1 200mg feels like I took 4), when I had fibroid surgery Demerol made me stop breathing etc.. I have never had a vaccine since a child.

4. I moved here to s.22 about 10 years ago and it's very difficult to find a family Dr so when my Mom was passing a couple of years ago, I asked her then Dr if he could take me and he said yes. I have only seen him once for a meet and greet and to go over my past health issues. I made a phone call appt to ask about my concerns and he forgot that I had the brain surgeries and then said "you "should" be ok. That is not enough for me but felt too embarrassed to push it as I didn't want to be disrespectful..

5. I then reached out to Dr s.22 office (my neurosurgeon) to find out he's retired and the reception lady said "ohh, you should be fine" but wouldn't let me talk to the neurosurgeon about pulling my files etc.. and rightfully so, I am sure they are very busy

6. I then reached out to my old family Dr and his nurse said "unfortunately we can't comment as we don't know enough about it"

7. I then reached out to 811 and the Nurse there said, "you have every right to be nervous as there has been some neurological side effects such as belpalsy, migraines etc.. and said I should keep pushing to talk to a neurosurgeon. My fear here is that I don't want to disrespect the family Dr and I can't get through unless I get a referral (I think) and even then, the referral would probably be months away.

I am fortunate enough to work from home and my husband works s.22

Our

bubble group is very small and we aren't big on travelling but I do want to do my part but so scared for what it "might" do to me.

I also get so frustrated with the news as nobody seems to talk about those with underlying issues (I have heard of a few people here on the Island that I don't know personally) and makes me feel that I only am apart of "non vaxer" people, and I am not. I also see areas such as Quebec who won't let non-vaccinated people into restaurants, movie theatres etc.. and I certainly don't want that to happen here and not be able to go.

Again, I thank you from the bottom of my heart for taking the time to read this and I really hope I hear back, but if not, I totally understand.

Thank you in advance!!

s.22



## Residential Care Staff Preventive Measures Order (mandatory vaccination for employment)

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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>  
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Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, Fletcher, Quinn HLTH:EX <Quinn.Fletcher@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>

Sent: August 24, 2021 8:57:50 AM PDT

Attachments: Preventive Measures Order August 24 consult.docx

Good morning.

Attached for your feedback is a draft of this order. There are three groups of staff for consideration: Group 1 – Current staff.

Must be vaccinated with two shots by October 12. This means staff that who do not have any shots will need to get one shot prior to September 13 so that there is a 28 days interval to get their second shot by October 12, as they will not be allowed to work after October 12. Unvaccinated staff will need to wear a mask and get tested daily until 7 days have passed after their second shot. The way this works in the order is that while section 1 says all staff must be vaccinated October 12, section 3 a. says that, despite section 1, someone who has had two doses but is not 7 days post second shot can work after October 11, but must follow the measures in Part B (masks and testing). Note that, based on the latest evidence, we have moved the time frame for someone to be considered fully immunized from after 14 days to after 7 days post second dose. We will be amended the current, interim order to make this change.

Group 2 – Staff hired after September 13 but before October 12

Given that staffing pressures may result in a need to hire staff who perhaps only have one dose of vaccine, but there is not time to allow for two doses prior to October 12 (i.e. hired after September 13), Section 3 b. allows for hiring of staff who have had one dose of vaccine between September 13 and October 11, but they must get their second dose no later than 35 days after the first dose or they will not be allowed to work in the facility. In the time between starting and 7 days after getting the second dose they must wear a mask and be tested daily.

Group 3 – Staff hired after October 11.

They must be fully vaccinated. There will not be any allowance for unvaccinated staff to be hired after October 11.

There is an option for staff to ask for reconsideration of these requirements from the MHO for medical or religious reasons. I will be sending a separate email on how this could work shortly. Looking forward to your feedback by end of day Wednesday as we would like to publish this before end of the week to allow for over two weeks notice for staff who have not had any doses to get their first dose.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)

BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1

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Page 158 of 183 to/à Page 165 of 183

Withheld pursuant to/removed as

s.13

**ENCLOSURE**

**Excerpts of the *Public Health Act* [SBC 2008] c. 28**

***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;

**When orders respecting health hazards and contraventions may be made**

**30** (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or
- (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

**General powers respecting health hazards and contraventions**

**31** (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;
- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;
- (d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

- (2) A health officer may issue an order under subsection (1) to any of the following persons:
- (a) a person whose action or omission
    - (i) is causing or has caused a health hazard, or
    - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
  - (b) a person who has custody or control of a thing, or control of a condition, that
    - (i) is a health hazard or is causing or has caused a health hazard, or
    - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
  - (c) the owner or occupier of a place where
    - (i) a health hazard is located, or
    - (ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

### **Specific powers respecting health hazards and contraventions**

- 32** (1) An order may be made under this section only
- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
  - (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].
- (2) Without limiting section 31, a health officer may order a person to do one or more of the following:
- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
    - (i) by a specified person, or under the supervision or instructions of a specified person,
    - (ii) moving the thing to a specified place, and
    - (iii) taking samples of the thing, or permitting samples of the thing to be taken;
  - (b) in respect of a place,
    - (i) leave the place,
    - (ii) not enter the place,
    - (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,
    - (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
    - (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;
  - (c) stop operating, or not operate, a thing;
  - (d) keep a thing in a specified place or in accordance with a specified procedure;

- (e) prevent persons from accessing a thing;
- (f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;
- (g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;
- (h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;
- (i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;
- (j) provide evidence of complying with the order, including
  - (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and
  - (ii) providing to a health officer any relevant record;
- (k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

- (a) the person consents in writing to the destruction of the thing, or
- (b) Part 5 [*Emergency Powers*] applies.

### **Contents of orders**

**39** (3) An order may be made in respect of a class of persons.

(6) A health officer who makes an order may vary the order

- (a) at any time on the health officer's own initiative, or
- (b) on the request of a person affected by the order, following a reconsideration under section 43 [*reconsideration of orders*].

### **Duty to comply with orders**

**42** (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

### **Reconsideration of orders**

**43** (1) A person affected by an order, or the variance of an order, may request the health officer who issued the order or made the variance to reconsider the order or variance if the person

- (a) has additional relevant information that was not reasonably available to the health officer when the order was issued or varied,
  - (b) has a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would
    - (i) meet the objective of the order, and
    - (ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or
  - (c) requires more time to comply with the order.
- (2) A request for reconsideration must be made in the form required by the health officer.
- (3) After considering a request for reconsideration, a health officer may do one or more of the following:
- (a) reject the request on the basis that the information submitted in support of the request
    - (i) is not relevant, or
    - (ii) was reasonably available at the time the order was issued;
  - (b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;
  - (c) confirm, rescind or vary the order.
- (4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).
- (5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.
- (6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.
- (7) For the purposes of this section,
- (a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and
  - (b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.
- (8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

### **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.

### **Emergency preventive measures**

**56** (1) The provincial health officer or a medical health officer may, in an emergency, order a person to take preventive measures within the meaning of section 16 [*preventive measures*], including ordering a person to take preventive measures that the person could otherwise avoid by making an objection under that section.

(2) If the provincial health officer or a medical health officer makes an order under this section, a person to whom the order applies must comply with the order unless the person delivers to a person specified by the provincial health officer or medical health officer, in person or by registered mail,

(a) a written notice from a medical practitioner stating that the health of the person who must comply would be seriously jeopardized if the person did comply, and

(b) a copy of each portion of that person's health record relevant to the statement in paragraph (a), signed and dated by the medical practitioner.

(3) If a person delivers a notice under subsection (2), the person must comply with an instruction of the provincial health officer or a medical health officer, or a person designated by either of them, for the purposes of preventing infection with, or transmission of, an infectious agent or a hazardous agent.

(4) The provincial health officer, or a medical health officer with the approval of the provincial health officer, may apply to a judge of the Provincial Court for an order to detain a person who

(a) does not comply with an order under this section or an instruction under subsection (3), or

(b) delivers a notice under subsection (2) but in respect of whom an instruction under subsection

(3) would not be reasonably practical in the circumstances.

(5) For the purposes of subsection (4) of this section,

(a) the application must be made in the manner set out in the regulations,

(b) a judge of the Provincial Court, on receiving the application, may make an order described in section 49 (3) [*application to court if danger to public health*] if satisfied by evidence on oath or affirmation that the circumstances described in subsection (4) of this section exist, and

(c) section 49 (4) to (7) applies.

### **Emergency powers respecting reporting**

**57** (1) The provincial health officer may, in an emergency, order that a specified infectious agent, hazardous agent, health hazard or other matter be reported under this section.

(2) If an order is made under this section, a person required by the order to make a report must promptly report, to the extent of his or her knowledge, to a medical health officer the information required by the order.



(3) If a person is required to make a report under this Act, the provincial health officer may in an emergency order the person exempt from the requirement, or vary the requirement.

#### **Provincial health officer may act as health officer**

**67** (1) The provincial health officer may exercise a power or perform a duty of a medical health officer under this or any other enactment, if the provincial health officer

(a) reasonably believes that it is in the public interest to do so because

(i) the matter extends beyond the authority of one or more medical health officers and coordinated action is needed, or

(ii) the actions of a medical health officer have not been adequate or appropriate in the circumstances, and

(b) provides notice to each medical health officer who would otherwise have authority to act.

(2) During an emergency under Part 5 [*Emergency Powers*], the provincial health officer may exercise a power or perform a duty of a health officer under this or any other enactment, and, for this purpose, subsection (1) does not apply.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [*Inspections*] of Part 4 applies.

#### **Delegation by provincial health officer**

**69** The provincial health officer may in writing delegate to a person or class of persons any of the provincial health officer's powers or duties under this Act, except the following:

(a) a power to further delegate the power or duty;

(b) a duty to make a report under this Act.

#### **Offences**

**99** (1) A person who contravenes any of the following provisions commits an offence:

...

(k) section 42 [*failure to comply with an order of a health officer*], except in respect of an order made under section 29 (2) (e) to (g) [*orders respecting examinations, diagnostic examinations or preventive measures*];

## FW: Question - Vaccine Passport and Immune Response

From: s.22  
To: Bonnie.Henry@gov.bc.ca, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Sent: August 24, 2021 8:58:02 AM PDT

**[EXTERNAL]** This email came from an external source. Only open attachments or links that you are expecting from a known sender.

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**From:** s.22  
**Sent:** August 24, 2021 8:52 AM  
**To:** Bonnie.Henry@gov.bc.ca.; Premier@gov.bc.ca  
**Subject:** Question - Vaccine Passport and Immune Response

Dear Bonnie Henry and Premier Horgan,

### **Proof of vaccination and Immune Response**

My name is s.22 and I'd like to know what happens in my case regarding obtaining a Vaccine Passport. After taking the vaccine I became inundated with painful neurological symptoms since the end of April and still living in pain. I was living with neurological Lyme disease from 2012 thru 2016 and had to fly to the USA for treatment and expert advice. After we as a family had to spend thousands of dollars for treatment for years and I regained my health, I truly appreciated every day of my health and I spent time making up for the years I lost with my son because I was sick and could not do much.

After the vaccine all those symptoms returned and more. I spoke to a doctor through the 811 line who was allocated to take calls from the public and she said our immune system has a memory and that the Covid vaccine could have triggered my immune system.

I had one vaccine shot and understandably will not take another as I am now struggling daily with neurological pain. I was hesitant to take the first dose, but the pressure was out there to take the vaccine. Will I be able to have a vaccine passport as an exception in this case?

I feel because this vaccine was whipped up so quickly nobody can give me answers as to how to regain my health except to provide me with pain relief. To you Bonnie I'd like to know if there are many cases like my own and what is the recovery process.

s.22

## **SBAR 033- COVID-19 Immunization for International Travel**

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From: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>  
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>  
Cc: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, Penny.Ballem@vch.ca, Daly, Patty [VCH] <Patricia.Daly@vch.ca>  
Sent: August 24, 2021 9:09:59 AM PDT  
Attachments: SBAR 033 - COVID-19 Immunization for International Travel - Aug 20 2021.docx

Bonnie, attached is the SBAR from the Public Health Executive Committee on recommendations to offer an additional dose for international travel to support equity and for compassionate reasons.

Please let me know if you have any questions regarding the submission.

Lorie

Lorie Hrycuik

Executive Lead, Population & Public Health Division

Ministry of Health

Phone: (778) 974-3766

Cell: s.22

Administrative Information				
<b>EOC Lead/Sponsor</b>	Lorie Hrycuik	<b>Date</b>	8/19/2021	
<b>SBAR developed by</b>	Sukhmani Billing Dr. Martin Lavoie	<b>Key stream</b>	<input checked="" type="checkbox"/> Operations <input checked="" type="checkbox"/> Planning <input type="checkbox"/> Logistics	<input type="checkbox"/> Information <input type="checkbox"/> Finance <input type="checkbox"/> Other
<b>Please list anyone consulted in the development of this SBAR</b>	Public Health Executive Committee Alice Virani, Public Health Ethicist, PHSA (and Provincial Healthcare Ethics Advisory Team) BC Immunization Committee	<b>Item is for</b>	<input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Decision	
<b>Please list any SBARs related to this decision</b>	n/a			
<b>Cost associated</b> (*see Step 2 in <i>SBAR process</i> )	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; Finance representative has reviewed the Financial Considerations section: Name of representative consulted.	<b>To be discussed at</b>	<input type="checkbox"/> Public Health Leadership <input checked="" type="checkbox"/> Public Health Executive <input checked="" type="checkbox"/> CoCom <input checked="" type="checkbox"/> Leadership Council	
<b>FTE/staffing impact</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Priority</b>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High	

**Title: COVID-19 Immunization for International Travel**

#### Situation

There is no international consensus on what is considered a valid proof of adequate vaccination. In BC,<sup>1</sup> individuals who have received a mixed two-dose schedule with vaccines recognized by the World Health Organization (WHO), are considered to be adequately protected against COVID-19. Some countries do not recognize a mixed dose schedule or series completion with specific vaccines and require a 14-day quarantine upon arrival. Individuals who have received a mixed dose schedule or specific vaccines and require international travel to these countries that do not accept their vaccination status, are requesting additional doses to avoid the need to quarantine. Current provincial practice does not support providing additional doses for travel purposes at this time.

<sup>1</sup> Public health Agency of Canada guideline does not accept vaccine series with Sinovac and Sinopharm for long-term stay in Canada (but they do for short visits). Sinovac and Sinopharm COVID-19 vaccines are on the list of [WHO EUA qualified vaccines](#).

The Public Health Executive Committee (PHEC) recommends providing additional doses to a small number of individuals who need to travel to a country that does not accept their vaccination status.

### **Background**

The National Advisory Committee on Immunization (NACI) recommendations on the use of a different COVID-19 vaccine product to complete a COVID-19 vaccine series (also known as a mixed or heterologous vaccine schedule) are being followed in BC.<sup>2</sup> Both the Pfizer and Moderna mRNA vaccines are effectively interchangeable and are safe to mix. There are no safety concerns if those who received an AstraZeneca vaccine want to get the Pfizer or Moderna vaccine as their second dose. The available immunogenicity data suggests that heterologous/mixed schedule is not inferior compared to homologous schedule (i.e., immune response is not blunted with heterologous AstraZeneca followed by Pfizer). In line with basic principles of vaccinology,<sup>3</sup> it is expected that combining different COVID-19 vaccines that induce an immune response against the SARS-CoV-2 spike protein will lead to a robust immune response.

Using a heterologous vaccine schedule is an established process in immunization programs. Similar vaccines from different manufacturers are used when vaccine supply or public health programs change. Different vaccine products have been used to complete a vaccine series for influenza, hepatitis A and others. Regardless of which product is offered, a complete two-dose series is important for protection against COVID-19 and its variants. Programmatic flexibility with mixed schedules also potentially allows populations to be protected more quickly and make better use of available vaccine supplies.

In BC and Canada, individuals who have received mixed schedules are considered to be adequately protected against COVID-19. Health Canada and the Public Health Agency of Canada (PHAC) requirements to qualify for the fully vaccinated traveler exemption, that is, not requiring the 14-day quarantine period upon arrival, are supportive of a mixed series.<sup>4</sup> Health Canada and PHAC considers an individual fully vaccinated if they have completed a dose series of an accepted COVID-19 vaccine or a combination of accepted vaccines. However, international border requirements for some countries are yet to adopt evidence-based vaccine requirements for mixed COVID-19 dose series and do not exempt travelers from quarantine requirements.

BC considers individuals who have received a complete series with Health Canada and WHO EUA approved vaccines as fully immunized.<sup>5</sup> Some countries require proof of vaccination with specific vaccines and do not qualify individuals for traveler exemption if they have completed series with vaccines not authorized for use in the country. For example, COVID-19 vaccines authorized for use in the European Union includes Vaxzevria (the European-manufactured version of AstraZeneca), and does not

<sup>2</sup> For those who first received an AstraZeneca vaccine, have the choice to receive either the AstraZeneca/COVISHIELD or an mRNA vaccine (Pfizer or Moderna) for second dose. Those who had an mRNA (Pfizer or Moderna) vaccine for their first dose can receive a different mRNA vaccine for the second dose. All options are considered valid and safe.

<sup>3</sup> Kardani K, Bolhassani A, Shahbazi S. Prime-boost vaccine strategy against viral infections: Mechanisms and benefits. *Vaccine*. 2016 Jan 20;34(4):413,423. doi: 10.1016/j.vaccine.2015.11.062

<sup>4</sup> Public Health Agency of Canada. COVID-19 vaccinated travellers entering Canada. Accessed August 17, 2021: <https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada#determine-fully>

<sup>5</sup> Recently published PHAC guidance recommends an extra mRNA dose for those who have received non-Health Canada approved vaccine and are staying in Canada for longer periods of time. No further doses are recommended if the individual has already received three doses of any COVID-19 vaccine. Provincial approach to this PHAC guidance is yet to be established.

include COVISHIELD, the Indian-made version of the same vaccine. European countries, such as Italy, Portugal and Poland, do not recognize COVISHIELD for travel exemptions. Most countries require two doses of the same mRNA vaccine such as Pfizer or Moderna to satisfy quarantine requirements.

Regional health authorities are receiving a small number of requests for additional doses from individuals who are required to travel to a country that does not recognize their mixed dose schedule or vaccination status. Many of these requests are requested by individuals for compassionate or work-related purposes and for whom quarantine would be problematic e.g., people who wish to visit a critically ill family member. The estimated number for these requests is approximately 40 – 45 per week from the Lower Mainland. There are other reasons for international travel with a slightly higher volume. Health Gateway and COVID-19 Call Centre is also receiving requests for additional doses for travel related reasons.

### Assessment

BC is providing a third dose of vaccine for individuals who travel to the province and have *not* received World Health Organization approved COVID-19 vaccines when they arrive in the province. Current provincial recommendation does not provide additional doses of COVID-19 vaccine to individuals if they are travelling to other countries that do not recognize their vaccination status. VCH and FH is accommodating a very small number of these requests at the discretion of the Medical Health Officers, primarily based on compassionate grounds for travelling to visit ailing family members. Quebec<sup>6</sup> and Saskatchewan<sup>7</sup> are the only provinces currently offering additional doses of mRNA vaccine to people who have an essential trip planned to a country that does not recognize their vaccination status. The ethics perspective on denying the extra dose to support people with essential overseas travel, particularly for compassionate and essential work requirements, in the context of sufficient supply and capacity is outlined in Appendix A.

Some countries are beginning to implement vaccine requirements for entry and there is no international consensus on what is considered a valid proof of adequate vaccination. Work is underway at the national and international level to establish a coordinated approach and align international border recommendations with evidence. It is expected that more countries will accept additional vaccine types/brands, as well as different vaccine combinations/schedules as more information becomes available regarding the safety and effectiveness of different schedules. The WHO endorsement of the mixed COVID-19 immunization schedules may encourage other countries to follow suit. However, this process will take time and will largely proceed on a country-by-country basis.

In the interim, Canadians who have followed public health advice and received a mixed vaccination schedule face quarantine requirements when travelling to certain countries. Others who were provided a single-vaccine two-dose schedule do not face the same quarantine requirements. Individuals who have completed series with vaccines authorized for use in Canada, but not accepted by other countries also face quarantine requirements (e.g., some European countries do not accept immunization with vaccines such as COVISHIELD for travel exemptions). This has created inequities.

<sup>6</sup> Government of Quebec. COVID-19 Vaccination: Vaccination for Travellers. Accessed August 17, 2021: <https://www.quebec.ca/en/health/advice-and-prevention/vaccination/covid-19-vaccine#c108629>

<sup>7</sup> Government of Saskatchewan. August 17, 2021. COVID-19 Update For The Week Of August 17: Additional Doses Of COVID-19 Vaccine Approved For Travel. Accessed 19, 2021: <https://www.saskatchewan.ca/government/news-and-media/2021/august/17/covid-19-update-for-the-week-of-august-17-additional-doses-of-covid-19-vaccine-approved-for-travel>

Provision of additional mRNA doses to individuals who are considered fully vaccinated in Canada, and who need to travel to a country that does not accept their mixed vaccine schedule or vaccination status will address inequities and prevent quarantine requirements. The provision of additional doses will allow these individuals to receive two doses of the same vaccine recognized by the country to satisfy immunization requirements for entry.

The informed consent process should include the potential for increased reactogenicity with the additional dose and recognize that no study has assessed the impact and safety of such an additional dose at this time.

Provision of additional doses for travel would require changes to ImmsBC to enable walk-ins for these clients. The system will likely not be able to accommodate appointment bookings for these requests initially. These individuals will be directed to walk-in clinics. A solution to support these walk-ins will be implemented in ImmsBC on Sept 14, 2021.

It is important to distinguish that the recommendation for an additional dose for international travel is not a recommendation to advance a general booster program.<sup>8</sup> Current NACI recommendations state that there is no evidence on the need for booster doses of COVID-19 vaccine after the vaccine series is complete at this time.

#### Public Health Executive Recommendation

PHEC recommends the following:

- Offer additional doses of an mRNA (Pfizer or Moderna) vaccine to those individuals who are travelling to a country that does not accept their vaccination status with informed consent.
- Allow regional health authorities to manage the screening and administration of the additional doses for those requiring travel.

Completed by HEMBC			
<b>Outcome</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Pending <input type="checkbox"/> On hold <input type="checkbox"/> Revision required <input type="checkbox"/> Endorsed		
<b>Approving body</b>	<input type="checkbox"/> PHO <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other:	<b>Authorized by</b>	Head of approving body
<b>SBAR #</b>	033	<b>Version</b>	-XX
		<b>Date</b>	Click here to enter a date.

The work on booster doses focuses on accessing optimal schedules to ensure ongoing adequate protection. Current NACI recommendations state that there is currently no evidence on the need for booster doses of COVID-19 vaccine after the vaccine series is complete. NACI is expected to discuss emerging data related to third doses for immunocompromised individuals on September 1, 2021. NACI is unlikely to consider general booster programs at this time, as none of the COVID-19 vaccine manufacturers has yet submitted their clinical trial booster data to regulators. Further, the WHO has recently called for a moratorium on COVID-19 vaccine boosters until at least the end of September, citing inequities in the global inoculation campaign.

DRAFT



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Appendix A: Ethical Considerations in the Provision of a Third COVID-19 Vaccine for the Purposes of International Travel to those who received a Mixed Vaccine Schedule.

Background Information:

- A small portion<sup>9</sup> of British Columbians received a mixed vaccine schedule (e.g., AstraZeneca (AZ) followed by an mRNA vaccine or Pfizer/Moderna vaccination) following the government's advice as per the available evidence that supported such vaccination scheme to be safe and effective against COVID-19. Canadian Public Health Officials consider people who received a mixed vaccine schedule to be fully vaccinated (i.e., have a complete schedule of vaccines that protects them and others against COVID-19 as per the public health authorities' recommendations).
- Canada continues to advise against non-essential travel (i.e., discretionary travel). However, as vaccination rates continue to increase and other countries open their borders for international travel, many Canadians and Canadian Residents might need or want to travel to other jurisdictions.
- Determinations of what constitutes "fully vaccinated" differs among world regions. Due to these differing determinations, some jurisdictions do not recognize the mixed vaccine schedule as fully vaccinated. Consequently, individuals who travel to other world regions and who have received mixed vaccines may be required to quarantine and/or face barriers on entry (e.g., limited access to certain services or facilities).
- The Federal Government is continuing to work with other governments around the world to ensure those who received a mixed vaccine schedule are viewed as "fully vaccinated."
- In BC, some individuals who received the mixed vaccine schedule have requested a third dose of an mRNA vaccine for the purposes of international travel. The number of individuals requesting a third dose is small, approximately five per week, across all Health Authorities.
- Due to lack of clarity on a provincial level, there are currently regional discrepancies in who is being provided a third dose for the purpose of international travel.
- There is currently an adequate supply of vaccines in BC to meet demand for first and second dose.
- Once vaccines are distributed to the Provinces and Territories by the Federal Government, they cannot be re-distributed either within Canada or internationally (i.e., the vaccines in BC cannot be re-distributed to address the global vaccine inequities).
- While there is very limited clinical data on the safety and efficacy of a third dose of mRNA vaccine after a mixed AZ/ mRNA schedule, the risks are thought to be minimal and likely similar to the risks of side effects with the first or second dose.

Ethical Analysis:

The ethical analysis and recommendations in this document follow the B.C. COVID-19 Ethical Decision Making Framework (EDMF). The EDMF reflects the core ethical principles of public health ethics, pertaining to both substantive and procedural considerations. As described in the EDMF, substantive considerations include: the harm principle, utility, distributive justice (fairness), respect, cultural safety, least coercive and restrictive means, reciprocity, and proportionality. Procedural considerations include efficiency and effectiveness, procedural justice (fair process, consistency, etc.), flexibility, integrity and solidarity.

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<sup>9</sup> British Columbia Vaccination Tracker

- Considerations of public trust are a key ethical consideration. As stated in the *Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada*, trust is the foundation upon which rests all relationships, whether between persons, persons and organisations, or citizens and government. Trust is essential to the success of the response to COVID-19. The effectiveness of many public health measures depends on the active cooperation of the public, and such cooperation is more likely if the public trusts the advice of public health authorities.<sup>10</sup>
- The duty of public health/ the government is to protect health and well-being by preventing individuals from becoming seriously ill or dying from COVID-19. This duty may not extend to non-essential travellers; however, some members of the public may argue that the ability to travel affects their health and well-being. In addition, the broader goal of vaccine campaigns includes returning to a society with benefits for all, including protection from COVID-19 while traveling.
- Respect for autonomy protects individuals' rights to make healthcare decisions for themselves, after having weighed the associated risks and burdens<sup>11</sup>. Individuals who received a mixed vaccine schedule were not informed when they received their immunization that having a mixed vaccination schedule might lead to travel difficulties (i.e., they did not make a fully informed decision).
- There is an ethical argument for reciprocity, that those who received a mixed vaccine schedule face a disproportionate burden of not being recognized as "fully vaccinated" and therefore unable to travel internationally without facing barriers. Individuals who chose to protect themselves and others by acting in accordance with public health advice and received the AZ vaccine instead of waiting for a mRNA vaccine, should not be disadvantaged for voluntarily adhering to the public health guidance of the time. Those who received a mixed vaccine schedule should be supported and their burdens minimized as far as possible, and it may be ethically justifiable to offer a third vaccine dose.
- While travel is still recommended only for essential reasons and not for discretionary purposes such as leisure, there are some individuals who wish to have a third vaccine dose so that they can travel for what they believe to be essential reasons (for work, family reunification, health care that can only be provided elsewhere, vacation/ mental respite etc.). While not all of these reasons might be considered essential by some, there is a discrepancy and difference between the ability of those who receive mixed vaccination than those who did not in terms of travel, and this difference is something over which they had no control (i.e., there is no valid ethical reason for the difference so it could be considered an unfair difference).
- BC currently has an adequate vaccine supply for first and second doses, and the numbers of people requesting a third dose for the purposes of international travel remain small. Moreover, BC does not have the ability to redistribute these doses back into the central/federal supply. As such, there does not appear to be a significant impact provincially or globally, if any, of providing third doses of vaccine, on the access and ability of others to receive timely access to a first or second dose vaccine at present. This balance between supply and demand may shift over time and issues of vaccine scarcity may arise. Our commitment to solidarity provincially, nationally

<sup>10</sup> [Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada - Canada.ca](#), accessed August 18, 2021.

<sup>11</sup> Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics*. Oxford University Press, USA.

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and internationally requires that any such changes in supply and issues of scarcity should prompt a policy review.

Recommendations:

- Given the above background information and analysis, provision of a third dose of vaccine to those who request and meet criteria for the purposes of essential travel is ethically justifiable.
- A clear definition of who qualifies for this third dose should be developed (e.g., travel plans within a set period). Clarity in this definition will decrease potential for subjectivity and inequity in provincial application of allowable circumstances for third dose. However, should access to third doses be granted for international travellers, it is difficult to find an ethically justifiable reason for why anyone, including those who do not plan to travel, who received mixed first and second doses, would not also be eligible for a third dose.
- Efforts should be put in place to ensure criteria for third dose do not inadvertently perpetuate social and economic inequities.
- Despite adequate vaccine supply in BC, continued measures to ensure efficient vaccine use and avoidance of vaccine wastage should continue. Ensuring good stewardship of COVID-19 vaccines on a provincial level could lead to more efficient vaccine distribution on a federal level, which may in turn allow for Canada to increase vaccine contributions to the international vaccine effort. In addition, vaccine stewardship and parsimonious use of vaccines on a local level sends an important message locally, nationally and internationally on BC's commitment to global collaboration and working in solidarity to end this pandemic and alleviate global inequities.
- Robust consent mechanisms are necessary to ensure that individuals who request a third dose of vaccine are provided with as fulsome information about the limitations of data regarding third dose. Given the uncertainty of the risks involved in having a third dose, consideration should be given to those being granted it, and documenting the informed consent process. This information should be updated as international research and evidence develops.
- If, in the future, the vaccine supply in BC becomes limited (e.g., in the context of changes to eligibility criteria for individuals or groups where a third dose might be recommended for reasons of medical vulnerability), or the ability to re-distribute to other areas with greater priorities becomes more feasible (i.e., if BC becomes able to redistribute or return to a central supply), the policy on provision of third doses for the purpose of travel should be reviewed. On the basis of principles of flexibility and transparency, public health messaging ought to clearly communicate the evolving nature of the vaccine program and possible changes to the permissibility of 3rd doses for travel purposes as evidence emerges and vaccine supply and international travel policies change over time.

Submitted on August 19, 2021 on behalf of the Provincial Healthcare Ethics Advisory Team (PHEAT). Please contact Alice Virani ([alice.virani@phsa.ca](mailto:alice.virani@phsa.ca)) for any questions or clarifications.

Responder	Response	Further thoughts Yes / No	Questions to consider	PHO Confirmation	Question	Response
Ruth.Wittenberg@ufv.ca BCIT, CAPU, ECUAD, JIBC, KPU, NVIT, VU	I will get feedback to you by the deadline, but I have some	Yes	Perhaps also some comment about what we are looking for to shift back to recommended (vs. required) eg. <b>could institutions have autonomy to assess voluntary compliance with vaccines and if they reach a certain percentage – mask requirements might shift.</b> We need some <b>help or process with forecasting conditions for change going forward</b> and interpreting evidence of need – perhaps an <b>ongoing role for the GFG?</b> The previous mask policy would be sufficient ... however, it was also in place when physical distancing was required as well ... if that is also expected then it would cause significant disruption to the fall return to campus.	Dr. Emerson	12. A post-secondary institution must put in place measures to prevent students from crowding together or congregating in inside common areas and classrooms.	I would not see including section 12 or barriers requirements. Just the mask requirements.
Geoff.Payne@unbc.ca	Thank you and	No				
NFassina@okanagan.bc	Thank you for the opportunity to provide feedback. I have reviewed	Yes	<b>Meeting rooms on campus:</b> collaborative workspaces, meetings rooms (employees). Would this apply to events and gatherings on campus? Should order apply yo meeting spaces? <b>Students and teaching staff differentiation in classrooms.</b> Masks while delivering instructional material. <b>Face shields.</b> Prior order included face shields so it is important they are included going forward. <b>Potential solution:</b> draw the connection (if there is any) between the mask mandate and the events and gatherings mandate			
MMilovick@tru.ca max.blouw@ruccbc.ca btfairbairn@tru.ca		Yes	Open offices where physical distance is maintained <b>having to wear masks all day.</b> Not sure about <b>outdoor events or at indoor desks.</b> For <b>exemptions</b> possibly would add the following clarifications: > <b>faculty/lecturers/presenters (including students)</b> delivering content where physical distancing can be maintained (in all academic settings) >workers in <b>open offices</b> performing their duties at their desk >at <b>outdoor events</b> (Reka was adamant that masks not be required at outdoor events)			
JKohlman@coastmountai	Generally this seems very well considered	Yes	More explicit that <b>workers must also wear a mask in the classroom</b> (specifically addressing the student-worker mix)? Any possibility of simplifying the messaging to imply that <b>"any individual in an indoor space where safe physical distancing cannot reasonably be maintained must wear a face covering."</b> This would be particularly beneficial given the large variety of settings that learning can take place within ranging from watercraft to semi enclosed and covered structures.			
EVogt@cotr.bc.ca	A few quick comments on the draft Order.	Yes	Practical matter institutions will need to <b>communicate and enforce</b> a standard for everyone entering our campuses. <b>Prevent student "congregation" when classrooms and labs are at full capacity again.</b> I don't think the logistical challenges can or should be addressed in the Order but it would be better for PSIs to adopt similar approaches. The issue of mandatory vaccination is gaining momentum. Clearly the decision has been made to focus on a mask mandate (and continue to exhort everyone to get vaccinated) but I think some talking points in response to that issue will be needed.			
ajpatei@vcc.ca	We have reviewed the email you sent and our understanding is the comments requested are related to strictly to mask wearing and not other elements covered in the order (e.g.	Yes	"Students must wear a mask when in an inside common area or a classroom" extends to employees (where employees includes instructors)? The way the material has been extracted from the June 14 order could imply that workers do not have to wear a mask in a classroom. This may be a minor point but it does omit classroom as follows: "Employees must require that workers must wear a mask when in an inside a common area. "Inside common area" being an inside area of a workplace, other than a working area, that is in etc." <b>We would not want faculty or staff to think they are being left out from masking in classrooms.</b> Language which allows instructors and/or students the ability to remove masks to present/lecture in a learning setting (classroom, labs etc.). I would suggest adding something like the following under mask exemptions: <b>"the face covering may be removed temporarily to communicate in an instructional environment (i.e. classroom, laboratory)</b> June 14th order much more direct and less confusing, specifically regarding the definition of "defined spaces" and the mask requirement. <b>The definitions sections in the June 14th order include all the appropriate, definable spaces in the college which the January 8th document did not.</b> Caution in that any language regarding other administrated or environmental controls (barriers/ class size limits) which may be referenced in the order may be interpreted as being a requirement, which could then be used by constituent groups to insist on a higher response standard than is warranted, thus increasing the risk to the Institution reputation if not applied and will not be in compliance with the intention of the PHO's 4 step restart plan. <b>This comment may be irrelevant if the directive will strictly pertain to mask wearing and nothing else.</b>			
cswart@bccolleges.ca ltrotter@langara.ca	Gaps: • Given the existing enforcement regime, Colleges have little ability to enforce as they have no authority granted to do so. • Clarification around distancing requirements are inconsistent and in conflict with distancing in the classrooms and in hallways	Yes	<b>Colleges have little ability to enforce as they have no authority granted to do so.</b> Clarification around <b>distancing requirements are inconsistent and in conflict with distancing in the classrooms and in hallways</b> Introduction of masks doesn't align with communicable disease plans and WorksafeBC safety requirement where vaccinations and distancing are higher priorities layers of protection. If we introduce masks, then the questions will be, "why don't we mandate the higher priority items" (i.e. masks, and distancing.) <b>A clear statement on not mandating vaccinations is required</b> to reduce the potential for increased calls given that vaccinations are more effective than masks Suggested wording that needs to be adjusted / clarified: There should be a reminder of the context of how many people are vaccinated and that because of that level of vaccination the use of masks provides a physical barriers that thwarts the spread and that the same level of distancing is no longer be required. This will remove a ton of complexity with the other distancing and reduce the requirement for massive efforts and expenditures on barriers We'd suggest revised distancing requirements when wearing masks in alignment with the WCB guidelines <https://www.worksafebc.com/en/resources/health-safety/information-sheets/covid-19-health-safety-designing-effective-barriers?lang=en> on the installation of physical barriers for the distancing requirements. This will allow greater occupancy of multi-person offices and hallways than the 3m currently identified "i.e 12". on all side of an individual Suggest that daily health checks be an individual responsibility because we cannot police that effectively "people may answer untruthfully Include <b>"shared offices"</b> where the new reduced distancing cannot be maintained ' <b>in the list of 'inside common area'</b> <b>Exclude "offices occupied by a solitary worker or offices where workers are adequately distanced from each other (new reduced distancing requirements " inside common areas</b> Removal of workplace safety plan references. Clarify over indoor fitness activities and when to wear masks. Exclusion of classrooms in definitions in conflict with section 9. Suggest not to exclude classrooms in the definitions The order under point 12 does not define what "crowding" mean? Does this refer to a certain number of people (i.e. >1) in a specific volume of space, and if so what is that volume of space and what is the number of people?			
sbell@camosun.bc.ca	Thanks no suggestic	No				
viceprov@uvic.ca	Thank you for the opportunity to provide feedback and we are pleased to do so on behalf of UVic. We are really pleased to see a sector-wide approach with an	Yes	1) In the list of exemptions, there is a <b>requirement of 2 m of physical distancing for students and workers when consuming food or beverages. This is inconsistent with the current requirements outside the PSI sector</b> (perhaps changes are afoot in that sector) and will significantly limit seating capacity in our food and beverage outlets. It would be advantageous for us to <b>distinguish between on-campus food services for everyone and those outlets dedicated to students living in residence (with meal plans)</b> . An exemption for food outlets dedicated to students living in residence would be helpful for our operations, provided that was a sufficient level of safety. * the worker is consuming food or a beverage in an area designated by the employer for that purpose, and the worker is seated and maintains a distance of two metres from other workers in the area; * the student is consuming food or a beverage in an area designated by a post-secondary institution for that purpose, and the student is seated and maintains a distance of two metres from other students in the area; 2) The <b>definition of inside common area includes "fitness facilities"</b> . While this might make sense under the circumstances, the Order will be inconsistent with the expectations in non-PSE fitness facilities. 3) We noticed that the list of exemptions does not include a rider such as "or any other prohibited ground as set out in the BC Human Rights Code". We assume that legal review has determined that this would not be required. 4) We notice there's a <b>lack of an exemption for "the student is the only person in the classroom"</b> . There is an exemption for <b>"the worker is the only person in the workplace"</b> .			
cheryl.eason@royalroads	RRU believes the previous orders and provisions for	Yes	Any <b>clarity on requirements for instructors to wear masks in the classroom</b> when actively teaching would be appreciated.  If a new order is established, will this have <b>any impact on the transition to communicable disease prevention plans as contemplated in Stage 4 as well as the potential impact on Step 4 implementation date?</b>			

stufpres1@sfu.ca	I we at SFU deeply appreciate the opportunity to provide input. Below our suggestions/comments are highlighted in yellow. If there is no comment we	Yes	<p>(We assume that a working area is anything other than what follows – so that people working in cubicles all day will not need a mask, research labs- not teaching labs – will be exempt),</p> <ul style="list-style-type: none"> <li>* the worker is consuming food or a beverage in an area designated by the employer for that purpose, and the worker is seated <b>and maintains a distance of two meters from other workers in the area (this will not work for us – we do not have enough lunch/dining capacity – suggest dropping the distancing;</b></li> <li>* the student is consuming food or a beverage in an area designated by a post-secondary institution for that purpose, <b>and the student is seated and maintains a distance of two metres from other students in the area (as above);</b></li> <li>* the student is playing a musical instrument or engaging in <b>other performing arts</b> in the course of the student's educational program and is unable to <b>play/perform</b> the instrument while wearing a face covering;</li> <li>* there is a physical barrier which blocks the transmission of droplets between <b>(or 2 meters distance is maintained)</b></li> </ul> <p>Other requests for exemptions:</p> <ul style="list-style-type: none"> <li>• Instructors while lecturing at the front of a classroom and maintaining 2 meters distance</li> <li>• Can we indicate that Fitness facilities, follow provincial guidelines?</li> <li>• Speaking at an event when physical distancing can be maintained.</li> </ul>
agraeme@selkirk.ca	I have no	Yes	<b>more specific clarity re no need to maintain the 2m inside classrooms, shops, labs etc.</b>
bkulmatycki@nlc.bc.ca	We are unclear as to what kind of	Yes	If we go back to masks, there will be substantial push back in this area. We, who are vaccinated, feel safe enough. Those who are not are making choices. We advocate education programs to promote the merits of being vaccinated. We are working with Northern Health to provide easy-access clinics on campus, and we are promoting both of those at our student orientation sessions which will be coming up soon.
sue.bate@nlc.bc.ca	Thank you for the opportunity to provide feedback on mask orders for the post-secondary sector. Our feedback follows:  1. Less ambiguity and	Yes	<p>1. <b>Less ambiguity and clear concrete direction.</b></p> <p>2. Clarity around Steps: based on the questions being asked, are still moving into Step 4 on Sept 7 of BC's restart plan.</p> <p>3. What are the <b>implications of Step 4 with no physical distancing and a mask mandate in place?</b> Will we need additional measures such as daily health checks, etc.?</p> <p>4. Where do barriers come into the mask mandate? <b>Clarity for instructors delivering their lectures.</b></p> <p>5. <b>Clearer language around the requirement for wearing masks</b> - should be worn in all indoor spaces, whenever entering our facilities, anyone accessing campus and where physical distancing is not possible.</p> <p>6. <b>Definition of office of work space and work place and what that means.</b> Clarity on shared office spaces. If we do not have limited capacity, what are the directions around shared spaces? Noteshared offices become common spaces.</p> <p>7. <b>Clarity around common space vs. classroom space.</b></p> <p>8. <b>Clear guidelines on management of enforcing masks</b> – we need to review what we are asking of our faculty, public, students, employees.</p> <p>9. For <b>public events on campus in terms of rentals</b> – this has to be clear in how it relates to post-secondary institutions.</p> <p>10. <b>Food services and cafeteria</b> – clearer direction – are we the same as restaurants and bars?</p>
robin.cloeri@ubc.ca	Hi Jeanne,  I met with Pam and Rae Ann this morning in response to your question regarding the orders or whether a new one should be written. Our conclusion is that a new Order is required as the previous ones referred to safety plans etc. Pam very helpfully has provided some detailed considerations for you, per below.	Yes	<p>We recommend that you take the definition of a mask/face covering from it; it is more detailed than the original PHO order. We need to be clear that this is limited to students and employees not covered by other sector guidance (e.g., food, liquor, child care, schools, fitness, etc.) With respect to the PHO order from before:</p> <ul style="list-style-type: none"> <li>• Remove all references to safety plans given we are in step 3 of restart plan and no longer have safety plans in place. (remove #1)</li> <li>• Remove Verification about daily monitoring of health status; not relevant (remove #2)</li> <li>• Remove #3 (tied to verification of monitoring)</li> <li>• #4 is OK but if in place we should add all responsibilities of the individual – must complete daily assessment and not attend the campus – for faculty, staff, students, and visitors</li> <li>• Remove #5 -- Safety plans cannot be mentioned – no longer relevant and the issue around crowding in corridors, congregating is problematic. If it's included we will be pushed into going online because some congestion cannot be avoided (e.g., as students assembly to enter lecture halls)</li> <li>• #6 – remove reference to safety plans and revise mask order so that it is limited to the following areas of university campuses: inside common areas, classrooms, study or learning spaces, lunch rooms, common hallways, stair wells, lobbies, elevators, washrooms, shared vehicles, unless there is an exemption as stated below. Delete reference to fitness facilities because they are covered by an existing order, otherwise existing definition works for us.</li> <li>• #7 – combine with #6 • Remove #8 – food and liquor • Keep #9 – combine with #6 and #7 • #10 – remove – not needed; redundant • #11 – exemption list – keep and see below • #12 – remove or we can't function in person</li> </ul> <p>Exemptions:</p> <ul style="list-style-type: none"> <li>• Keep all that are listed unless stated below</li> <li>• Add: Physical distance maintained or an existing barrier is in place in work and study spaces,</li> <li>• Add: Instructors, lecturers, may remove when teaching/instructing</li> <li>• E and f – remove 2 metre and keep physical distance (i.e., be a little more general)</li> <li>• Additional exemptions approved by written notice of regional health authority, medical health officer – particular cases where the order impedes the ability to teach, learn or perform duties. If this is not acceptable, we need an avenue for approval of exemptions that may need to be addressed to ensure the operations of the university are not significantly interrupted.</li> <li>• J – revise to limit to university educational activities only</li> </ul> <p>We would like to add something to this effect: The major question is when people work in carrels in open spaces or in study areas. Can they be exempt if there are dividers between that are 3 feet or greater in height. We are sorry for the specificity but this was the biggest area of concern and confusion for us. Alternatively, would there be an ability to state something to the effect that when all members of a workgroup voluntarily share their vaccination status, and learn that 100% are fully vaccinated, may they be exempt from the order when seated in their work area?</p>