

inquiry re: BC public health support for Crankworx mountain biking tour

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Attachments: Crankworx BC Health Operations Plans + SOPs_V1_08 04 2021.pdf, Crankworx B.C. 2021 - National Interest Pitch Deck - Aug 2021-compressed.pdf

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Hello Brian and Daniel,

I work alongside Chris Archibald, whom I believe has been in touch previously on other sports-related items. I'm emailing with an inquiry regarding public health engagement and support for the below event.

Sports Canada has been approached by Crankworx, an international mountain biking tour, who are planning to operate an event in British Columbia from September 22 – October 3, 2021. I understand that the league has been trying to reach out to public health officials in BC to secure letters of support from both the province and the local health authorities.

We would like to know if you have had any discussions with Crankworx, and if British Columbia and the respective local health authorities (I believe it is Interior Health) would be supportive of the event? I have attached the material that Sports Canada received with respect to the event - please let us know if these are sufficient to provide letters of support.

To meet the organizer's tight timelines, Sports Canada would need to receive the letters of support by August 25th, if at all possible.

We don't have the contact information for the appropriate person at the respective BC local public health authority to include them on this email, so if you could please either provide us with – or loop in here – the appropriate contact there, or let us know if you're perhaps in contact with them regarding this sporting event and support for it?

Here is a quick overview of the sporting event:

- Crankworx is an international mountain biking tour with a stop planned in British Columbia from September 22 – October 3, 2021.
- The event is being held in three locations: SilverStar Mountain Resort (Silver Star, B.C.), Kicking Horse Mountain Resort (Golden, B.C.), and Sun Peaks Resort (Sun Peaks, B.C.)
- The organizers are requesting an exemption on entry only. All participants are fully vaccinated as per Health Canada's definition, with the exception of ^s athletes who will quarantine for 14 days upon entry to Canada.
- The first arrivals are planned for September 5th.²²
- The Risk Management Protocol (Health Operations Plan + SOPs) and the National Interest document (describing the benefits of hosting this event) are attached.

The Crankworx contacts are:

- Darren Kinnaird darren@crankworx.com +1 604 698 0694
- Jennifer Bower jen@crankworx.com

If you have any questions, please let us know.

Kind regards,
Alanna

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Crankworx British Columbia 2021

Health Operations Plans

Version 1

Created by: Jen Bower, Operations Director

Updated: August 4, 2021

Introduction

Every summer since 2004, the excitement and adrenaline of the international mountain bike scene has built to a fever pitch in the lead up to August, exploding in a blaze of dusty glory over the 10 days of Crankworx Whistler.

Because of COVID-19, the summer of 2020 was different and 2021 is also not what we expected. In our home province of British Columbia, the measures put in place have been effective, but festivals and mass gatherings are not possible. We recognize that our plans for bringing together athletes, media, fans and industry will have to change, but there's still a captive audience of mountain bike fans out there hopefully and (im)patiently waiting for something. Anything. We believe we've got that something. A program to kick start hearts and knock the dust off of competitive MTB in Canada.

Crankworx British Columbia; the ultimate experience in mountain biking, from our backyard to yours.

The purpose of this document is to demonstrate how the Crankworx team will produce Crankworx British Columbia during the event window of September 20th- October 3rd of 2021. The protocols listed and referenced in this document are subject to change according to the direction of local, provincial, and federal authorities. As of the date this document was last updated, the province of British Columbia is in "Step 3" of the Restart Plan.

Scope

As Crankworx British Columbia (CBC) will be a two-week event across the province, the scope of this document will demonstrate the protocols in place from the moment each participant commits to joining the event until they return to their homes.

This document outlines the expectations and protocols for the following groups participating in the series:

1. Crankworx staff
2. Invited athletes
 - a. International-based athletes
 - b. Canada-based athletes
3. Contracted suppliers and talent
4. Local organizing committee (Host resort staff)

The guidelines are divided into multiple sections, as follows:

- Event Overview
- Assumptions

- Documentation Preparation & Onboarding
- Pre-departure Expectations
- Travel Logistics
- Medical Services and Systems
- Emergency Response Plans
- On-site Services
- Event Execution

Event Overview

Crankworx British Columbia 2021 is scheduled for September 20th through October 3rd, 2021. The three host resorts of the event are:

- Sun Peaks Resort (September 20th-25th)
- Kicking Horse Mountain Resort (September 25th-29th)
- SilverStar Mountain Resort (September 29th-October 3rd)

Each resort will host specific races and competitions as agreed upon by Crankworx and the resort for a total of 10 events. A total of seven broadcast events will be distributed live on Red Bull TV and YouTube.

There will be 48 professional athletes invited to compete in the event:

- 16 Slopestyle athletes (all international)
- 32 Crankworx race athletes (Canadian and International)

The Crankworx British Columbia event staff will include:

- Crankworx Events, Inc. employees and contractors
- Freeride Mountain Bike Licensed Judges
- Local organizing committee (Host resort staff)
- Volunteers within each Host Resort community

The Crankworx British Columbia suppliers and talent will include:

- Boombox Group
- Red Bull Media House
- Rawmotion
- Whistler Connection
- Privately hired physios
- Privately hired bike mechanics

Assumptions:

While the outlook of COVID-19 conditions in September of 2021 in British Columbia are uncertain, the event and these guidelines have been designed according to the following assumptions:

- 1) British Columbia will be in the equivalent conditions, or better, as listed in [Step 3 of BC's Restart Plan](#). The earliest date the province will move to Step 4 is September 7th, 2021.
- 2) Invited Crankworx international professional athletes will gain proper permissions to enter Canada through a national interest exemption requested through the office of Global Affairs Canada.
- 3) Fully Vaccinated is defined as having "received the full series of a vaccine or a combination of vaccines accepted by the Government of Canada (Pfizer, Moderna, AstraZeneca, Janssen); and received your last dose at least 14 days prior to entry." Source: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources/fully-vaccinated-travellers-covid-19.html>
- 4) Any essential participants who are not fully vaccinated will be required to quarantine and will be subject to a minimum of two required PCR COVID tests in Canada (upon arrival and on day 8 of quarantine).

Definitions:

"Participants" refers to athletes, staff, contractors, suppliers, talent, local organizers, volunteers, and other individuals involved with Crankworx BC in an official capacity.

Documentation Preparation & Onboarding

Athletes and Staff are required to:

- Submit all relevant travel details to the Crankworx team
- Share any other relevant and requested details with the Crankworx team (e.g., vaccination status, arrival test results, etc.)

Suppliers and Talent are required to:

- Provide industry-specific health and safety documentation relevant to the supplier's on-site operations and deliverables including a Communicable Disease Prevention Guide that aligns with provincial health guidelines
- Review all CBC documentation to confirm that there will be no conflicts or interruptions to their workflows
- Demonstrate how on-site staff will be trained and managed to ensure oversight regarding compliance of the CBC health and safety expectations
- Suppliers and Talent involved in CBC:
 - o Boombox Group
 - o Red Bull Media House
 - o Rawmotion
 - o Whistler Connection
 - o Private physios
 - o Bike mechanics

Local Organizing Committees are required to:

- Provide resort health and safety documentation that should be considered in the planning process of the CBC (e.g., Emergency Response Plans, Communicable Disease Prevention Guide, etc.)
- Review the CBC documentation to confirm that there will be no conflicts or interruptions to their workflows within the bike park, resort or other sites managed by the local organizing committee
- Bike Park Resorts involved in CBC:
 - o SilverStar Mountain Resort
 - o Kicking Horse Mountain Resort
 - o Sun Peaks Resort

Pre-departure Expectations:

CEI Staff, Suppliers, Talent, and LOC Staff members are required to:

- Complete an online Health Screening (as required)
- Review and adhere to all CBC documentation, specifically **Crankworx British Columbia Health & Safety Expectations**
- Review and sign the **Crankworx British Columbia Participant Agreement**
- Attend a virtual Health and Safety onboarding session scheduled by the Crankworx team
- Incorporate CBC Health and Safety Guidelines into supplier and LOC contracts
- Communicate insurance and any additional legal requirements for participating in CBC

All Athletes are required to:

- Complete an online Health Screening (as required)
- Review and adhere to all CBC documentation, specifically **Crankworx British Columbia Health & Safety Expectations**
- Review and sign the **Crankworx British Columbia Participant Agreement**
- Attend a virtual Health and Safety onboarding session scheduled by the Crankworx team

Travel Logistics

Quarantine Plans for International Athletes and Talent

- If international athletes and talent are required to quarantine upon entry into Canada under similar border restrictions and requirements as currently mandated as of August 4, 2021, athletes and talent will:
 - o Enter all relevant information in the ArriveCAN app before arrival
 - o Take a PCR COVID-19 test upon entry (airport or land border)
 - o Be transported by a private shuttle to their designated quarantine accommodation
 - o Remain in the designated quarantine accommodation for a minimum of 14 nights
 - o Take second PCR COVID-19 test on day 8 of quarantine
 - o Self-assess and report any symptoms daily through the ArriveCAN app

- Abide by all instructions given by Canadian government and Crankworx team
- If international athletes and talent are **not** required to quarantine upon entry into Canada under similar restrictions and requirements as currently mandated as of August 4, 2021, athletes and talent will:
 - Enter all relevant information in the ArriveCAN app before arrival
 - Comply with any testing protocols that are required upon entry (e.g., random screenings)
 - Report any symptoms daily to the Crankworx Health Operations team
 - Abide by all instructions given by Canadian government and Crankworx team

Arrival & Departure Schedules

Plan	Role	Arrival Date	Departure Date
Quarantine Required	Athlete - Race	September 5, 2021	October 5, 2021
	Athlete - Slopestyle	September 13, 2021	October 5, 2021
	Talent	September 5, 2021	October 5, 2021
No Quarantined Required	Athlete - Race	September 18, 2021	October 5, 2021
	Athlete - Slopestyle	September 26, 2021	October 5, 2021
	Talent	September 18, 2021	October 5, 2021

Transport to Resorts

- Prearranged roundtrip transport from Vancouver and Sea to Sky for participants who request the service
- Prearranged roundtrip transport from YVR Vancouver International airport for all international athletes and staff members
- The shuttle operators providing group transport will adhere to the protocols listed in the **Whistler Connection Standard Operating Procedure** and **Vehicle Cleaning Procedure**.
- If driving own vehicle, participants are expected to arrive by the check-in and check-out times determined by each resort host.

Visitor Etiquette

- Participants are encouraged to only make essential stops (e.g., fuel, groceries, washroom) while traveling to each resort
- Participants are expected to respect guidelines of public areas and establishments. If guidelines are not visible or communicated, participants are expected to maintain physical distance of two meters and sanitize or wash hands as often as possible.

Accommodation

- Participants who are eligible for prearranged accommodation will have their own bedroom and washroom regardless of the suite capacity.
- It is the responsibility of each participant to regularly sanitize any personal or shared spaces with the provided supplies.

Meals

- The expectations for meals will be to shop at local grocery stores before entering each resort.
- Participants must adhere to the safety measures of each establishment with a minimum expectation to continue physical distancing of two meters and to sanitize and/or wash hands before and after shopping. Wearing face coverings while shopping is strongly encouraged.
- The Crankworx Management team will identify grocery stores, restaurants, and other food vendors in each host resort or surrounding towns that are prepared to serve the Crankworx staff, athletes, and crew throughout each week.
- While dining in restaurants during the series, participants must respect all guidelines and expectations as communicated by restaurant staff.

Leisure Time

- Participants are expected to respect resort community guidelines and provincial health guidelines – maintain physical distance, no touching eyes, face, nose, mouth, etc., during any leisure period or activities throughout the event.
- At any point, the Crankworx management team may communicate the need to limit or reduce reliance on local resort establishments and services should there be a change in the current health restrictions or alerts regarding COVID-19.

Departure from Canada

- International participants will take any required COVID-19 tests prior to departure in the area of Vernon, BC (closest to the final stop of SilverStar Mountain Resort)
- International participants will take the prearranged shuttle directly to YVR International airport on or before October 5, 2021.

Medical Services and Systems

Patrol

- Each local organizing committee will coordinate with the bike park patrol team and additional medical services suppliers to provide on-course safety services during training and competition throughout the event.
- The Crankworx team will defer to local bike park patrol protocols in terms of incident and injury on course and throughout the execution of each event.
- The Crankworx team will review and distribute relevant details of the local patrol teams' Communicable Diseases Prevention Guides so that all participants are aware of the protocols

Physio Services

- The designated physio for the event will provide industry specific health and safety protocols that comply with the minimum expectations of provincial guidelines regarding sanitation and patient safety (e.g., Communicable Diseases Prevention Guide)

Daily Participant Monitoring

- Daily symptom checks will be conducted by designated Crankworx management members before participants are permitted to start the workday (See **Daily Symptom Check Standard Operating Procedure**)
- The Crankworx team will manage all confidential personal and health-related information according to the **Management and Retrieval of Confidential Participant Information Standard Operating Procedure**

Emergency Response Plans

- Each local organizing committee is required to provide their resort specific Emergency Response Plan which will be communicated to all relevant stakeholders (e.g., sanctioning bodies)
- All incidents not considered an emergency will be assessed and treated by local bike park patrol and hired medical teams
- Regarding illness, COVID-19 or otherwise, the Crankworx team will follow the direction of local and provincial authorities regarding self-isolation, medical treatment, and travel

On-site Services:

Bike Maintenance

- Bike mechanics, local or team-specific, must follow the protocols detailed in the **Bike Maintenance Services Standard Operating Procedure**

Athlete Zone

- The staff responsible for setting up and managing the athlete zone must adhere to the following protocols:
 - o Disinfect all surfaces frequently throughout the opening hours
 - o Provide hand sanitizer for water jugs and any provided food
 - o All athletes and staff within the athlete zone must maintain a minimum of 2 meters of physical distance

Bike Storage

- The staff responsible for managing the bike storage facilities must adhere to the following protocols:
 - o Disinfect all surfaces frequently during operating hours
 - o All athletes and staff within the bike storage facility must maintain a minimum of 2 meters of physical distance

Athlete Registration

- The staff responsible for managing the athlete registration process must adhere to the following protocols:
 - o Design a one-way traffic flow within the designated area for each Athlete Registration session

- Ensure that the registration process is contact-less by creating easily accessible and organized pick-up zones
- Disinfect all surfaces frequently during operating hours
- Provide hand sanitizer and disinfectant for any shared supplies (e.g., pencils, clipboards, etc.)
- All athletes and staff within the athlete registration area must wear face coverings and maintain a minimum of 2 meters of physical distance

Event Execution

General Operations

The Crankworx management team will adhere to the protocols detailed in the following documentation:

- **Equipment Loading and Unloading Standard Operating Procedure**
- **Course Set-up and Teardown Standard Operating Procedure**
- **Sport Operations Standard Operating Procedure**

Media Production

The media and broadcast suppliers contracted by Boombox Group must adhere to the protocols detailed in the following documentation:

- **Boombox Health & Safety Guidelines**
- **Crankworx British Columbia Health & Safety Expectations**

Appendices

1. Crankworx BC Health & Safety Expectations – *To be updated based on final details*
2. Crankworx BC Whistler Connection Standard Operating Procedure – *Pending receipt*
3. Crankworx BC Whistler Connection Vehicle Cleaning Procedure – *Pending receipt*
4. Crankworx BC Daily Temperature and Symptom Check Standard Operating Procedure
5. Crankworx BC Management and Retrieval of Confidential Participant Information Standard Operating Procedure
6. Crankworx BC Bike Maintenance Services Standard Operating Procedure
7. Crankworx BC Equipment Loading and Unloading Standard Operating Procedure
8. Crankworx BC Course Set-up and Teardown Standard Operating Procedure
9. Crankworx BC Sport Operations Standard Operating Procedure
10. Boombox Health & Safety Guidelines 2021 – *Pending receipt*

Crankworx British Columbia 20201

Bike Maintenance Services Standard Operating Procedure

Version 3

Created by: Jen Bower, Operations Director

1. Introduction: As part of the Health Operations Plans for the Crankworx British Columbia 2021 (CBC), bike maintenance services for athletes will be provided by preapproved neutral bike mechanics as suppliers of the CBC. This at-request service will only be permissible following the procedures below in order to prevent the transmission of illness.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps involved in servicing bikes for all athletes of the Crankworx BC.

3. Scope: This SOP applies to all preapproved team mechanics and athletes requesting bike maintenance services.

4. Roles & Responsibilities: It is the responsibility of the preapproved mechanics and athletes to:

- have read and understand this SOP;
- undertake the procedures as outlined below;
- provide any additional protocols or procedures to include;
- inform Crankworx management of any incidents or concerns related to the procedures outlined in this document.

5. Procedure

Required Personal Protective Equipment (PPE):

- gloves
- face covering

Required Supplies:

- hand sanitizer
- alcohol wipes (60% or more alcohol)
- virucide spray (ECOLAB PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT)
- paper towels
- bike stand (if available)

5.1 Preparation

1. The on-site bike maintenance workspace will be predetermined for each stop of the CBC. This service will most likely be provided within the athlete services zone, however, this may change pending the location and space limitations of this zone. If mechanic services bikes outside of designated zones, the mechanic must adhere to the preparation protocols and service procedures below.

2. Mechanic is required to set up their workspace with a minimum of two meters of physical distance from other mechanics and any other workspaces or stations within the designated athlete services zone.
3. Mechanic is required to sanitize equipment, tools, and any other surfaces within workspace using virucide solution and/or alcohol wipes before servicing athlete bikes.
4. Mechanic must wear face coverings and disposable gloves before allowing athletes to drop-off bikes.
5. If mechanic has access to bike stands that are easy to use, setting up the bike stand for athletes to use when dropping off and picking up bikes is preferred.
6. Mechanic must sanitize bikes before and after servicing and must dispose of gloves after sanitizing. If mechanics would prefer that athlete sanitizes their bike at drop-off, mechanic must provide alcohol wipes near bike stand and instruct athlete to sanitize the bike.

5.2 Drop-off & Pick-up

1. Athlete must arrange services with mechanic prior to arrival to avoid overlapping requests. Arranging service appointments via cell phones is preferred. During competition, this expectation does not apply and bikes will be serviced on-site in a timely manner. See section 5.3 for the competition procedure.
2. Athlete must wear face covering and gloves before entering bike mechanic workspace.
3. If a bike stand is available and set up, athlete should place their bike in the stand when dropping off bike. Additionally, if bike stand is available, mechanic should leave bike in stand for athlete pick-up.
4. If athlete must demonstrate issues with bike by sitting on saddle, mechanic should maintain as much distance as possible while diagnosing issue.
5. Athlete is not permitted to remain within the mechanic workspace while bike is serviced. Mechanic will call athlete to arrange pick-up.

5.3 Competition

1. Mechanics will be available near the course during competitions to provide immediate support to athletes.
2. Mechanics are required to prepare their course-side workspaces according to the procedure described in section 5.1.
3. Athletes and mechanics must wear required PPE (gloves and face coverings) throughout entire course-side bike service.
4. Athlete must step away from workspace while mechanic services bike and will be called back to the area to pick up their bike once service is complete.

5. Mechanic must sanitize handlebars, saddle, and any other high-contact surfaces before servicing bike. The use of disposable alcohol wipes is sufficient during competition service periods.

6. Mechanic must dispose of gloves immediately after servicing a bike. Mechanic must sanitize tools, equipment, and other workspace surfaces after each service. Mechanic must wear new gloves before working on the next bike.

6. Definitions

athlete: one of the 48 athletes invited to compete in the event

CBC: Crankworx British Columbia 2021

mechanic: one of the preapproved team mechanics providing on-site and overnight maintenance and repair services to athletes of CBC

participant: any individual who is participating in Crankworx British Columbia 2021 the Event in an official capacity and has signed the Crankworx BC Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

supplier: an individual or group contracted to supply a service or product to support the production of the series

7. Revision History

Version 1 – June 19, 2020 created by Jen Bower

Version 2 – June 22, 2020 edited by Jen Bower

Version 3 – July 4, 2021 edited by Jen Bower

8. Appendix

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://www.healthlinkbc.ca/healthlinkbc-files/take-temperature>

<https://www.worksafebc.com/en/about-us/covid-19-updates/health-and-safety/what-employers-should-do>

Crankworx British Columbia 2021

Course Set-up and Teardown Standard Operating Procedure

Version 2

Created by: Jen Bower, Operations Director

1. Introduction: As part of the Health Operations Plans for Crankworx British Columbia 2021 (CBC), the set-up and teardown of the courses is considered a task that requires proper guidelines to ensure the safety all participants. The task may require participants to work in close proximity, share tools, and travel in the same vehicle. All stated safety measures will be mandatory regardless of location and participants involved.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps to ensure the course set-up and teardown operations are conducted safely at each stop of the CBC to eliminate the potential for injuries and illness.

3. Scope: This SOP applies to all members of the Crankworx management team, local resort team, and any third-party suppliers involved in the set-up and teardown operations of all courses of the CBC.

4. Roles & Responsibilities:

It is the responsibility of the participants involved in the course set-up and teardown operations to:

- have read and understood this SOP;
- undertake the procedures as outlined below;
- ask for assistance whenever needed; and
- inform Crankworx management where appropriate.

4.1 On-course Managers

It is the responsibility of the Sport Director and Sponsorship Managers to:

- work with the local resort team to determine the safest locations along or near the courses to unload and load equipment, branding, or infrastructure;
- develop and communicate daily plans that consider and accommodate for the established health and safety protocols; and
- allocate adequate time for the set-up and teardown operations of each course to avoid any rushed activities that may lead to injury or violation of health and safety protocols.

4.2 Vehicle Drivers

It is the responsibility of the driver of the vehicle to:

- confirm or determine the safest location to unload and load equipment;
- confirm when loading and unloading operations have been completed; and
- receive authorization from non-drivers when it is safe to move from the location.

4.3 Non-drivers

It is the responsibility of the non-drivers during the set-up and teardown operations to:

- support the vehicle driver while reversing the vehicle by being an active spotter;
- alert the driver when it is safe to move the vehicle; and
- escort the vehicle through public or high-traffic areas by walking 2 meters in front of the vehicle while wearing a high-visibility vest.

5. Procedure

Required Personal Protective Equipment (PPE):

- gloves
- N95 masks or other appropriate nose and mouth covering
- eye protection
- high-visibility vest, if available
- sturdy closed-toe shoes

Required Supplies:

- virucide spray properly diluted according to manufacturer's instructions ([Ecolab Peroxide Multi-surface Cleaner](#))
- paper towels
- hand sanitizer
- moving dolly (if available)
- radios
- zip ties/zap straps
- tools (mallet, drill, cable cutters, etc.)
- safety signage
- Equipment Inventory List
 - Branding assets and equipment (e.g., banners, frames, rebar, generators, etc.)
 - Course infrastructure (e.g., tape, rope, rebar, etc.)

Specific Hazards:

- awkward body position
- wide or heavy loads
- repetitive motion
- slips/trips possible
- uneven terrain
- distractions in work area
- rushing to complete task

5.1 Sanitize

It is important to sanitize all workspaces including common surfaces, trucks, tools, and equipment before and after use. To properly sanitize:

1. Wear disposable gloves when cleaning and disinfecting surfaces
2. Spray virucide on all surfaces and leave for the specified time as stated by manufacturer
3. Wipe down surfaces with a dry and clean paper towel
4. Discard gloves and used paper towels
5. Wash hands thoroughly or use hand sanitizer

As a general rule for the CBC, sanitization stations (caddy with gloves, masks, virucide spray, paper towels, and hand sanitizer) will be placed at the start and finish areas of the course during set up, training, competition, and tear down.

5.2 Transporting Equipment

1. When possible, use trucks to transport equipment to a safe zone near the course that will minimize the need to lift and move equipment by foot. When lifting equipment, follow the proper lifting technique described in section 5.3.
2. If more than one person will be in a vehicle at a time, face coverings must be worn for the duration of the time spent in vehicle.
3. Create and clearly communicate a workflow with staff members involved in the set-up and teardown operations that allows for physical distancing of 2 meters but only when safe to do so.
4. Visually and physically inspect the equipment load or item before lifting
5. Determine a safe location to move the item before lifting
6. If assistance is required, communicate to your teammate(s) before attempting to lift the item on your own

5.3 Lifting Technique

1. Keep a wide base of support which means feet about shoulder-width apart, with one foot slightly in front of the other for balance
2. Bending at the knees and hips to lower yourself and if needed, put one knee on the ground in front of you bent at a right angle
3. Keep good posture which includes looking straight ahead and keeping your back straight, chest out, and shoulders back

4. Slowly lift by straightening knees and hips while keeping your back straight and avoiding twisting as you lift
5. Hold the load as close to your body as possible (level of belly button)
6. Use your feet and hips to change direction instead of your upper body which would cause you to twist
7. Set down load carefully, squatting with the knees and hips only

5.4 Set-up

1. Follow the direction of the Sport and Sponsorship managers to ensure that course equipment and branding assets are assembled in the desired locations.
2. When a task involves more than one staff member and does not allow for physical distancing of 2 meters, ensure that each staff member is wearing a face covering throughout the entire task. Examples of such tasks might include:
 - assembling start gates
 - securing course banners to frames and rebar
 - moving awards podiums to desired location near finish
3. If a staff member is directed to complete a task in a distant area of the course, ensure the staff member has a charged radio or cell phone to use in case of an emergency.
4. When course set up is complete, sanitize all work surfaces, trucks, tools, and equipment.
5. As course equipment and branding will need to be moved to new courses or zones throughout the week, each staff member involved should follow the steps outlined in this section (5.4) each time to avoid injury and prevent the spread of illness.

5.5 Teardown

1. Follow the direction of the Sport and Sponsorship managers to ensure that course equipment and branding assets are dismantled properly to avoid damage or injury.
2. When possible, load equipment into trucks within a safe zone near the course that will minimize the need to lift and move equipment by foot. When lifting equipment, follow the proper lifting technique described in section 5.3.
3. Create and clearly communicate a workflow for loading equipment into vehicles with your teammates that allows for physical distancing of 2 meters but only when safe to do so.
4. Staff members should wear gloves and face coverings when collecting any incidental waste, including unclaimed personal belongings, along or near the course and near any sites used by

participants. The waste should then be properly sorted following the direction of the local resort team according to their resort waste management program.

5. When teardown is complete, staff members should dispose of used PPE and immediately wash hands with soap and warm water for at least 20 seconds.

5.6 Incidents and Accidents

If any participant involved in the set-up and teardown operations experiences a serious injury:

1. call 911 for immediate medical attention
2. only participants trained in first aid should assist the injured participant
3. alert Crankworx management when safe to do so
4. a member of Crankworx management will manage any necessary reporting or communications with non-medical officials

If any participant involved in the set-up and teardown operations experiences a minor injury or near-miss:

1. alert local bike patrol or designated local resort medical professional if medical attention is required
2. only participants trained in first aid should assist the injured participant
3. alert Crankworx management when safe to do so
4. a member of Crankworx management will direct relevant participant(s) to complete an Incident Report and will advise on any additional next steps

If the participant will not be able to continue with the series due to their health, the participant will follow the direction of a local medical professional and may be expected to return home for follow up treatments.

If additional medical information of the participant is required by a medical professional, please follow the steps outlined in the "CBC Management and Retrieval of Confidential Participant Information SOP".

6. Definitions

CBC: Crankworx British Columbia 202

designated local resort medical professional: each local resort will be required to provide access to medical professional(s) who will assist with illness and injury-related incidents while the team is on location

equipment: materials such as branding, course infrastructure, and other gear required to operate the CBC

participant: any individual who is participating in the Crankworx British Columbia 2021 in an official capacity and has signed the Crankworx British Columbia 2021 Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

teammates: participants of the CBC working together to complete a task

virucide: any physical or chemical agent that deactivates or destroys viruses

waste: garbage, non-reusable equipment or materials, or unclaimed personal items

7. Revision History

Version 1 – June 10, 2020 edited by Jen Bower

Version 2 – July 14, 2021 edited by Jen Bower

8. Appendix

- Equipment Inventory List
- Incident Report

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://www.healthlinkbc.ca/health-topics/hw206944>

<https://documents.suncor.com/Download.ashx?DocID=377419764&Name=SOP+No+25+Truck+Loading+Procedures+and+Rules.pdf&Mime=application%2Fpdf>

<https://www.kimberleyports.wa.gov.au/MediaLibrary/Documents/SafetySecurity/REC122786-KPA-Truck-Loading-and-Unloading-Operations-V3.pdf>

<https://sharepoint.westveve.com/Public%20Documents/Hazard%20Prevention%20Program/Standard%20Operating%20Procedures/SHIP/Mainland/Grain/SOP%20004-GRAIN%20-%20Loading%20and%20Unloading%20Gear.pdf>

<https://en-ca.ecolab.com/offerings/all-purpose-cleaning/peroxide-multi-surface-cleaner-and-disinfectant>

Crankworx British Columbia 2021

Daily Symptom Check Standard Operating Procedure

Version 5

Created by: Jen Bower, Operations Director

1. Introduction: As part of the Health Operations Plans for Crankworx British Columbia 2021 (CBC), every participant including athletes, staff, and suppliers will be asked if symptoms have developed each day of the event. This daily procedure will allow the Crankworx team to objectively monitor the health of every participant in order to prevent the transmission of illness.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps involved in conducting daily temperature and symptom checks for all participants of the CBC.

3. Scope: This SOP applies to all designated Staff Managers involved in administering the daily temperature and symptom check.

4. Roles & Responsibilities: It is the responsibility of the designated Staff Managers administering the temperature and symptom checks to:

- read and understand this SOP;
- undertake the procedures as outlined below;
- store the Symptom Monitoring records in the predetermined shared folder to be retrieved for inspection or as requested by designated medical professionals; and
- inform Crankworx management of any incidents or concerns related to the procedures outlined in this document.

5. Procedure*Required Personal Protective Equipment (PPE):*

- gloves
- N95 masks, non-medical mask or face covering
- goggles or face shield

Required Supplies:

- printed Symptom Monitoring Record template
- pen or pencil
- virucide spray (ECOLAB PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT)
- hand sanitizer

5.1 Symptom Monitoring

1. Ask participant if they are experiencing any of the following symptoms:

- fever

- dry persistent cough
- chills
- muscle ache not related to exercise/ worse than after a training session
- headache
- sore throat
- shortness of breath
- loss of sense of smell
- any additional symptoms not on this list

2. Record any symptoms on the Symptom Monitoring Record template for the respective time period.

3. Sanitize any surfaces that have been contaminated before allowing the next participant to enter the area for testing.

5.2 Responding to symptom developments

If the participant has reported a development of symptoms, instruct the participant to:

1. return to their private room,
2. call HealthLink BC at 8-1-1 to determine necessary next steps, and
3. contact their Staff Manager once they have completed the call to HealthLink BC.

The participant should remain in their private room until released by a medical professional at HealthLink BC or by the designated local resort medical professional.

If the participant will not be able to continue with the series due to their health, please follow the steps outlined by HealthLink BC in terms of self-isolation, medical treatment, and travel options.

If additional medical information of the participant is required by a medical professional, please follow the steps outlined in the “Management and Retrieval of Confidential Participant Information SOP”.

6. Definitions

athlete: one of the 48 athletes invited to compete in the event

CBC: Crankworx British Columbia 2021

designated local resort medical professional: each local resort will be required to provide access to medical professional(s) who will assist with illness and injury-related incidents while the team is on location

designated Staff Manager: two members of the Crankworx management team designated to monitoring and recording the health of their respective staff groups, as follows:

Lauren Hulme: all athletes

Jen Bower: all staff and suppliers

participant: any individual who is participating in the Crankworx British Columbia 2021 in an official capacity and has signed the Crankworx British Columbia 2021 Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

supplier: an individual or group contracted to supply a service or product to support the production of the series

7. Revision History

Version 1 – May 25, 2020 created by Jen Bower

Version 2 – May 27, 2020 edited by Dr. Euan Speirits

Version 3 – June 04, 2020 edited by Jen Bower

Version 4 – June 17, 2020 edited by Jen Bower

Version 5 – July 14, 2021 created by Jen Bower

8. Appendix

- Symptom Monitoring Record Template
- Local Resort Medical Professional Contact Information

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://www.healthlinkbc.ca/healthlinkbc-files/take-temperature>

http://www.oxfordhealthformulary.nhs.uk/docs/Temperature%20Monitoring%20in%20clinic%20rooms%20-%20Template%20SOP_June%202015.pdf

<https://www.worksafebc.com/en/about-us/covid-19-updates/health-and-safety/what-employers-should-do>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

https://res.cloudinary.com/iwh/image/upload/q_auto,g_center/assets/1/26/Extech_IR200_User_Manual.pdf

Crankworx British Columbia 2021

Equipment Loading and Unloading Standard Operating Procedure

Version 2

Created by: Jen Bower, Operations Director

1. Introduction: As part of the Health Operations Plans for Crankworx British Columbia 2021 (CBC), loading and unloading equipment such as branding, course infrastructure, and other gear is considered a task that requires proper guidelines to ensure the safety all participants. The task may require participants to work in close proximity, share tools, and travel in the same vehicle. All stated safety measures will be mandatory regardless of location and participants involved.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps to ensure the loading and unloading operations are conducted safely at each stop of the CBC to eliminate the potential for injuries and illness.

3. Scope: This SOP applies to all participants involved in the loading and unloading operations of all equipment from vehicles.

4. Roles & Responsibilities:

It is the responsibility of the participants involved in the loading and unloading operations of equipment to:

- have read and understood this SOP;
- undertake the procedures as outlined below;
- ask for assistance whenever needed; and
- inform Crankworx management where appropriate.

4.1 Vehicle Drivers

It is the responsibility of the driver of the vehicle to:

- determine the safest location to unload and load equipment;
- confirm when loading and unloading operations have been completed; and
- receive authorization when it is safe to move from the location.

4.2 Non-drivers

It is the responsibility of the non-drivers during the loading and unloading operations of equipment to:

- support the vehicle driver while reversing the vehicle by being an active spotter;
- alert the driver when it is safe to move the vehicle; and
- escort the vehicle through public or high-traffic areas by walking 2 meters in front of the vehicle while wearing a high-visibility vest.

5. Procedure

Required Personal Protective Equipment (PPE):

- gloves
- N95 masks or other appropriate nose and mouth covering
- eye protection
- high-visibility vest
- sturdy closed-toe shoes

Required Supplies:

- virucide spray properly diluted according to manufacturer's instructions (Ecolab Peroxide Multi-surface Cleaner)
- paper towels
- hand sanitizer
- moving dolly
- radio (if available)
- Equipment Inventory List

Specific Hazards:

- awkward body position
- repetitive motion
- slips/trips possible
- distractions in work area
- rushing to complete task

5.1 Lifting Technique

1. Keep a wide base of support which means feet about shoulder-width apart, with one foot slightly in front of the other for balance
2. Bending at the knees and hips to lower yourself and if needed, put one knee on the ground in front of you bent at a right angle
3. Keep good posture which includes looking straight ahead and keeping your back straight, chest out, and shoulders back
4. Slowly lift by straightening knees and hips while keeping your back straight and avoiding twisting as you lift
5. Hold the load as close to your body as possible (level of belly button)
6. Use your feet and hips to change direction instead of your upper body which would cause you to twist
7. Set down load carefully, squatting with the knees and hips only

5.2 Loading/Unloading

1. Wipe down/disinfect any shared equipment, tools, and surfaces (including trucks, radios, phones, door handles, etc.) before and after use
2. Create and clearly communicate a workflow with your teammates that allows for physical distancing of 2 meters but only when safe to do so
3. Visually and physically inspect the equipment load or item before lifting
4. Determine a safe location to move the item before lifting
5. If assistance is required, communicate to your teammate(s) before attempting to lift the item on your own

5.3 Incidents and Accidents

If any participant involved in the loading and unloading operations experiences a serious injury:

1. call 911 for immediate medical attention
2. only participants trained in first aid should assist the injured participant
3. alert Crankworx management when safe to do so
4. a member of Crankworx management will manage any necessary reporting or communications with non-medical officials

If any participant involved in the loading and unloading operations experiences a minor injury or near-miss:

1. alert local bike patrol or designated local resort medical professional if medical attention is required
2. only participants trained in first aid should assist the injured participant
3. alert Crankworx management when safe to do so
4. a member of Crankworx management will direct relevant participant(s) to complete an Incident Report and will advise on any additional next steps

If the participant will not be able to continue with the series due to their health, the participant will follow the direction of a local medical professional and may be expected to return home for follow up treatments.

If additional medical information of the participant is required by a medical professional, please follow the steps outlined in the "CBC Management and Retrieval of Confidential Participant Information SOP".

6. Definitions

CBC: Crankworx British Columbia 2021

designated local resort medical professional: each local resort will be required to provide access to medical professional(s) who will assist with illness and injury-related incidents while the team is on location

equipment: materials such as branding, course infrastructure, and other gear required to operate the CBC

participant: any individual who is participating in the Crankworx British Columbia 2021 in an official capacity and has signed the Crankworx British Columbia 2021 Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

teammates: participants of the CBC working together to complete a task

7. Revision History

Version 1 – May 27, 2020 created by Jen Bower

Version 2 – July 14, 2021 edited by Jen Bower

8. Appendix

- Equipment Inventory List
- Local Resort Medical Professional Contact Information

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://www.healthlinkbc.ca/health-topics/hw206944>

<https://documents.suncor.com/Download.ashx?DocID=377419764&Name=SOP+No+25+Truck+Loading+Procedures+and+Rules.pdf&Mime=application%2Fpdf>

<https://www.kimberleyports.wa.gov.au/MediaLibrary/Documents/SafetySecurity/REC122786-KPA-Truck-Loading-and-Unloading-Operations-V3.pdf>

<https://sharepoint.westveve.com/Public%20Documents/Hazard%20Prevention%20Program/Standard%20Operating%20Procedures/SHIP/Mainland/Grain/SOP%20004-GRAIN%20-%20Loading%20and%20Unloading%20Gear.pdf>

Crankworx British Columbia 2021

Management and Retrieval of Confidential Participant Information Standard Operating Procedure

Version 2

Created by: Jen Bower, Operations Director

1. Introduction: As part of the Health Operations Plans for the Crankworx British Columbia 2021 (CBC), every participant including athletes, staff, and suppliers will complete a general health screening and asked if symptoms have developed each day of the event. Collecting this medical-related information will allow the Crankworx team to objectively monitor the health of every participant in order to prevent the transmission of illness.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps involved in managing collected data and retrieving it for secondary medical use.

3. Scope: This SOP applies to all designated Staff Managers, designated medical professionals, and members of the Crankworx management team.

4. Roles & Responsibilities: It is the responsibility of the members of Crankworx management and the designated medical professionals to:

- have read and understood this SOP;
- undertake the procedures as outlined below;
- prioritize participant privacy in every situation; and
- inform Crankworx management where appropriate.

5. Procedure*Relevant documentation:*

- CBC General Health Screening Data (collected via online survey or virtual consultation)
- Symptom Monitoring Record template
- Incident Report template

5.1 Collecting Data: When collecting data from a participant, it is important to:

1. explain to the participant why the information is being collected, what the information may be used for, who may have access to it in the future, and to ask for their consent;
2. ask the participant if they have any questions or concerns regarding the data and information being collected, and;
3. record the information using the participant's unique identifier (ID) provided, when possible.

5.2 Storing Data: When saving data from a participant, it is important to:

1. name the file using only participant's ID in the title of the file;
2. save the file in a predetermined location; and
3. create a password to protect the file if saved in a secure shared location.

5.3 Retrieving Data

While the participant medical health and history information is not intended to be disclosed, there may be instances when the data will assist in the decision-making process of the Crankworx management team and/or medical professionals involved in the CBC. Below are a couple of instances where disclosing data may be required if others means of collecting this participant information are not available:

- Staff member is severely injured and unconscious; medical team requests information regarding medical history and known allergies before treating participant.
- There is an outbreak of an illness that may cause harm to participants with known conditions. Participant data may need to be shared with Crankworx management to inform next steps to ensure the protection of individuals with higher risk of complications.

The steps below outline how a member of the Crankworx management team may access participant information in the event of an emergency or outbreak:

1. Contact the participant's designated Staff Manager to access relevant participant information.
2. Document the reason for the information request in an email or Incident Report sent to the Staff Manager. When possible, an Incident Report should be created.
3. If there is any follow up or next steps after the participant information is used, Staff Manager should add details to the Incident Report for future reference.

If the participant will not be able to continue with the series due to their health, please follow the steps outlined by HealthLink BC in terms of self-isolation, medical treatment, and travel options.

6. Definitions

athlete: one of the 48 athletes invited to compete in the event

CBC: Crankworx British Columbia 2021

designated local resort medical professional: each local resort will be required to provide access to medical professional(s) who will assist with illness and injury-related incidents while the team is on location

designated Staff Manager: two members of the Crankworx management team designated to monitoring and recording the health of their respective staff groups, as follows:

Lauren Hulme: all athletes

Jen Bower: all staff and suppliers

ID: unique identification number used to confidentially identify participant when recording medical data and history

participant: any individual who is participating in the Crankworx British Columbia 2021 in an official capacity and has signed the Crankworx British Columbia 2021 Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

supplier: an individual or group contracted to supply a service or product to support the production of the series

7. Revision History

Version 1 – June 02, 2020 created by Jen Bower

Version 2 – July 21, 2021 created by Jen Bower

8. Appendix

- Symptom Monitoring Record Template
- Incident Report

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://bccla.org/privacy-handbook/main-menu/privacy5contents/privacy5-8.html>

<https://www.oipc.bc.ca/guidance-documents/1438>

<https://www.oipc.bc.ca/resources/guidance-documents/>

Crankworx British Columbia 2021

Sport Operations Standard Operating Procedure

Version 4

Created by: James Mackintosh, Competition Manager

1. Introduction: As part of the Health Operations Plans for Crankworx British Columbia 2021 (CBC), every participant will be required to follow all health and safety expectations during sport operations, specifically trainings and competitions.

2. Purpose: This Standard Operating Procedure (SOP) outlines the steps involved in executing the sport operations of the CBC.

3. Scope: This SOP applies to all athletes, staff, and suppliers involved in executing any on-site aspect or deliverable of the CBC sport operations.

4. Roles & Responsibilities: It is the responsibility of all participants involved in the sport operations to:

- read and ensure they understand this SOP;
- follow the procedures as outlined below;
- ask for assistance whenever needed; and
- inform Crankworx management of any incidents or concerns related to the procedures outlined in this document.

4.1 Athletes: It is the responsibility of the athletes to:

- attend pre-training and pre-competition safety briefings, as required;
- adhere to specific regulations of each bike park including lift line-ups and use;
- follow all signage and lineup markers at the start and finish areas; and,
- ask questions if specific procedures or systems are not clear.

4.2 Operations Staff: It is the responsibility of the operations staff to:

- make every effort to ensure that compliance of health and safety protocols is achievable through clear communication and visible signage along the course site;
- support the success of the health and safety protocols by reminding participants to maintain physical distancing, to frequently sanitize their hands and equipment, and to wear face coverings when required; and
- ask questions if specific procedures or systems are not clear.

4.3 Suppliers: It is the responsibility of all suppliers to:

- read and ensure they understand the relevant health and safety documentation provided by Crankworx Events, Inc;
- read and ensure they understand pre-approved documentation created by their employer, contracting company, or hiring manager;

- organize the execution of any course-side deliverables using signage and moveable lineup markers to ensure physical distancing is maintained;
- communicate additional operational requirements or services well in advance; and
- ask questions if specific procedures or systems are not clear.

4.4 Local Resort Staff:

- review Crankworx Events, Inc. documentation relevant to operations within the bike park and provide any additional or specific guidelines required by the bike park safety department;
- ensure the participants complete required steps, including attending trainings and signing waivers, in order to safely access and operate within the bike park; and
- ask questions if specific procedures or systems are not clear.

5. Procedure

Required Personal Protective Equipment (PPE):

- gloves
- face covering

Required Supplies:

- virucide spray (ECOLAB PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT)
- paper towels
- hand sanitizer
- alcohol wipes (60% or more alcohol)
- sanitation kit for start and finish areas
- extra PPE (gloves, masks)
- safety and directional signage (*see Appendix: CSS Signage Plan*)
- lineup markers
- contact-free waste bin + bags

5.1 General

1. Participants are required to maintain a minimum of two meters of physical distance from other individuals at all times
2. Participants are not permitted to share food, water bottles, etc. Participants must arrive prepared to be nutritionally self-sufficient.
3. Participants are not permitted to share equipment. Athletes must travel with their own parts. The on-site bike mechanics will provide assistance during competitions and will follow the Bike Maintenance Service Standard Operating Procedures when servicing athlete bikes.
4. Celebratory contact with other participants is not permitted at any time during training or competition (e.g., high-fives, hugs, backslaps)

5. Participants should have their own hand sanitizer on their person
6. Athletes will pick up their reusable race plate at the start of the series. Should a replacement plate be required, athletes will contact the Athlete Services Manager to arrange.
7. Any unclaimed personal items left at the course site at the end of training or competition will be discarded.
8. Athletes are required to follow all competition regulations, including the use of mandatory equipment, stated in the provided technical guides.
9. If a participant develops any symptoms or is concerned about their health during training or competition, participant must inform their Staff Manager, isolate themselves from the group, and proceed to contact HealthLink BC at 8-1-1 for further instructions.

5.2 Track Walks

1. When track walks are scheduled, the operations staff is to use the track walk as an opportunity to describe the safety measurements that will be in place for trainings and competitions. Setting up the start and finish areas with signage and lineup markers will allow for any questions to be answered and concerns addressed before training and competitions begin.
2. Track walks should be managed by allowing waves of 2-3 athletes to walk down the track every 10 minutes to avoid clusters or groups.
3. Staff should remind athletes to maintain a minimum of two meters of physical distance at all times.

5.3 Transportation

1. Athletes and staff will follow local bike park guidelines regarding lift and gondola use at all times.
2. If shuttles are required to access start, athletes will be required to wear face coverings while in the vehicle and will need to load and unload their own bikes. Only one passenger will be permitted in the vehicle at a time for shuttling. Passengers will sit in the back row of the vehicle behind the front passenger seat.
3. Drivers will be required to wear face coverings and sanitize the vehicles between passengers.
4. Drivers will follow all local bike park guidelines regarding driving on access roads.

5.4 Start Area

1. Each athlete will be assigned a designated arrival time and start time with up to two-minute intervals between start times.
2. Athletes will be instructed to line up on coloured round discs, called lineup markers, which will aid in maintaining a minimum of two meters of physical distance for all athletes in the start area. If possible, athletes should keep helmet and gloves on as soon as they enter the lineup.
3. The Starter will call up each athlete individually when start area is ready. In the Dual Slalom training and competitions, the Starter will call up competing athletes one at a time.
4. Athlete(s) and Starter are to maintain a minimum of two meters of physical distance except for in the case of an emergency.
5. Suppliers, including camera operators and photographers, must maintain a minimum of two meters of physical distance from the athlete(s) and Starter at all times in the start area.
6. If any athlete or staff interviews are conducted in the start area, all participants must maintain physical distance and suppliers must sanitize any equipment such as headsets or microphones between athletes (see Boombox Health & Safety Guidelines)

5.5 Course

1. Marshals will be positioned at predetermined locations along the course to ensure athlete safety and support general race operations.
2. Marshals are required to maintain physical distance of a minimum of two meters from other marshals, staff and athletes at all times. Marshals are encouraged to use mobile phones and/or radios to communicate, when possible.
3. In the event there is a hold on course due to a crash or other incident, marshals are instructed to remain two meters from the athlete on course and ask if medical attention is required. Should the athlete request medical attention, the marshal is directed to call patrol immediately. If the athlete is not able to respond, marshal is directed to call patrol immediately. Patrol and first aid responders to follow procedures outlined in section 5.8.

5.6 Finish Area

1. Only designated operations and production staff will be permitted in finish area during training and competitions. Any participant in the finish area must maintain a physical distance of a minimum of two meters.
2. Athletes are not permitted to engage in celebratory contact with other individuals in the finish area at any time.
3. While waiting for results, athletes will be directed to wear a face covering (helmet or buff) and stand on coloured lineup markers to ensure they are a minimum of two meters away from other participants in the area. The production staff members will position the lineup markers to fit within camera angles, as required.

4. If post-run interviews will be conducted in the finish area, there will be a designated zone where the athlete(s) will stand on a coloured lineup marker. The production staff member managing the finish area interviews must sanitize all equipment such as headsets or microphones between athletes (see Boombox Health & Safety Guidelines).
4. Athletes must exit the finish area when asked to do so by a staff member.
5. Athletes are not permitted to approach the timing tent at any time. Results will be shared electronically and any questions can be brought to the commissaire of the competition.
6. Athletes will be instructed to wait near the finish area while maintaining a physical distance of a minimum of two meters from other athletes and staff until the competition has ended.

5.7 Timing & Judging Areas

1. The timing and judging areas, usual consisting of tents, tables and chairs, should be set up with as much physical distance as possible.
2. Only the Starter, Crankworx management and commissaire(s) will have access to the timing and judging areas.
3. Sharing writing supplies or other equipment should be avoided. If it not avoidable, these items should be sanitized before using.
4. Race results will be distributed electronically via live timing software and posted online.

5.8 Awards

1. The presentation of awards will be managed to maintain physical distancing at all times. Podiums will be staggered in a triangle formation allowing for two meters of physical distance between each podium at all angles.
2. All operations and production staff, including photographers, will be required to wear face coverings during the presentation of awards.
3. Any awards or props will be set up on the podiums before athletes are called to the podiums.
4. Due to the current health circumstances, female and male athletes will be awarded separately for CBC. Athletes will be called up one at a time to receive their awards.
5. Athletes are not permitted to engage in celebratory contact with other individuals at any time during the presentation of awards.

5.9 In case of Injury

1. All members of patrol or hired first aid responders must wear a face mask and disposable gloves while interacting with participants of the CBC or responding to incidents that require medical attention.
2. The local bike park will manage incidents requiring patrol or first aid responders according to their safety protocols. The Crankworx management team will be available to assist as needed.

5.10 Preventing Public Access

1. The local resort team is encouraged to select trails and course sites that allow for start and finish areas that are removed from high traffic public areas to avoid drawing spectators.
2. Regardless of accessibility to course, signage discouraging the public from entering the CSS production area should be placed at predetermined access points surrounding the course site.
3. If necessary, volunteers may be required at certain access points to prevent spectators from approaching course site or production area.
4. As part of the local marketing and communications plans, the message to the community is to enjoy the shows from home and to not attempt to visit the course sites whether within the bike park or on local trails.

6. Definitions

athlete: one of the 48 athletes invited to compete in the event

Boombox Group: contractor responsible for hiring and managing suppliers involved in broadcast and remote production

course: the designated trails or area of the bike park or local trail network that will be used in the competitions of the CBC

CBC: Crankworx British Columbia 2021

finish area: the area where the athlete will complete their run at the bottom of the course; also, the zone where production may conduct post-run interviews with athletes

marshal: an operations staff member tasked with monitoring a specific area of a course to communicate holds on course, request medical assistance and prevent spectators from accessing course

participant: any individual who is participating in the Crankworx British Columbia 2021 in an official capacity and has signed the Crankworx British Columbia 2021 Participant Agreement

PPE: personal protective equipment

SOP: standard operating procedure

staff: a member of the Crankworx management team or the local resort team

Starter: the designated operations staff member responsible for managing the start of each run during the competition

start area: the area of the course where athletes will line up to begin their run of the competition

supplier: an individual or group contracted to supply a service or product to support the production of the series

7. Revision History

Version 1 – June 04, 2020 created by James Mackintosh

Version 2 – June 16, 2020 edited by Jen Bower

Version 3 – June 17, 2020 edited by Jen Bower

Version 4 – July 14, 2021 edited by Jen Bower

8. Appendix

- CCSS Signage Plan
- Boombox Health & Safety Guidelines
- Bike Maintenance Service SOP

9. Sources

Below is a list of sources used as references in the development of this SOP. When available, information and guidelines provided by the province of British Columbia are considered the optimal standard or option.

<https://www.healthlinkbc.ca/about-8-1-1>

<https://www.viasport.ca/sites/default/files/ReturntoSportGuidelines.pdf>

Cycling BC – Return to Competition Guidelines

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/motion-picture-television-production>



CRANKWORX BRITISH COLUMBIA

Emil Johansson, Whistler, B.C. P: Fraser Britton

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Crankworx - An Overview

World-Class Sport

King and Queen of Crankworx:

The race to be crowned King or Queen of the Crankworx World Tour is the most difficult competition in mountain biking. This season-long, multidisciplinary challenge tabulates results across events, disciplines and World Tour stops, in an epic test of a riders' skill and will. Racing from the Southern Hemisphere to the Alps and home to Whistler, athletes aim to collect as many points as possible for a shot at winning the \$20,000 CAD prize. The most points wins.

Slopestyle World Championship:

The sport of Slopestyle mountain biking entered a new era in 2018. The Crankworx World Tour and the Freeride Mountain Bike Association (FMBA) joined forces to create a singular elite-level series of Slopestyle mountain biking events. The Crankworx FMBA Slopestyle World Championship (SWC) replaces the FMB Diamond Series and the Crankworx Slopestyle World Tour. SWC events on the Crankworx World Tour represent the pinnacle of the discipline of Slopestyle. Overall, more than \$175,000 CAD is awarded throughout the Crankworx FMBA Slopestyle World Championship season, with the Slopestyle World Champion claiming his crown at the end of the season.

Triple Crown of Slopestyle:

The mystique of the elusive Triple Crown lies in the allure of the near-impossible. A rider must win three Crankworx Slopestyle events in a single year to wear the crown. Created in 2015, the Triple Crown is intended to sit just beyond the grasp of most riders, truly pushing the sport into the next dimension. As the marquee event of Crankworx, the honour is worth \$25,000 CAD.

Crankworx Events Inc. also works closely with both Cycling Canada and Cycling BC to prepare for and produce all relevant sanctioned races.

World-Class Sport Tourism

For the past 17 years, August has been when the mountain bike world has set its sights on Whistler. Since 2004, Crankworx Whistler has evolved into **the largest mountain bike festival in the world**.

Crankworx Whistler has become **one of the largest annual festivals in Western Canada**. It is also seen as an anchor event and one of the key **economic drivers** for the Resort Municipality of Whistler's summer visitation and has overtaken Christmas as the busiest time of year in the resort.

In 2015, the Crankworx World Tour was launched, bringing the action to locations around the world. Currently, the three stop tour includes Rotorua, New Zealand, Innsbruck, Austria, and the home stop in Whistler. This expansion solidified Crankworx' global reputation as **one of the most important elite competition series' in the world of mountain biking**. Partnerships with some of the biggest brands in the industry along with media rights agreements with Red Bull Media House have solidified this.

Additionally, the growth of the Crankworx World Tour continues to drive home the story we've always told:

B.C., the home of Crankworx, is the ultimate destination for mountain bikers.

The Crankworx World Tour has evolved into both a series of **elite competitions** for the best mountain bikers in the world, and a **destination marketing product** for the locations it calls home.

World-Class Results

Economic Impact of Crankworx Whistler 2015

Crankworx Whistler, the catalyst in developing Whistler as the world's pre-eminent mountain bike destination, welcomes more than **130,000 unique visitors** annually leading to over **300,000 spectators in attendance**.

- **Total spending by organizers and out of town spectators of \$28.9M**
- **\$46.5M in economic activity in B.C. with \$35.8M in Whistler**
- **\$15.5M in wages through the support of 292 jobs**
- **Total GDP generated was \$28.6M for Canada and \$15.3M for B.C.**
- **\$8.7M tax revenue generated with \$3.5M accruing in B.C.**

Until 2022 at the earliest, Crankworx Whistler will not be possible. In the meantime, our goal remains to maintain the Crankworx World Tour's status as an elite international mountain biking competition series so that it is poised to deliver these economic results when the Whistler festival returns.

World-Class Mountain Biking

Mountain biking has become a core part of the summer tourism product offered in British Columbia and in 2020 bike park resorts experienced record-level visitation rates.

Additionally, the cycling industry has reported increased revenues across the board with expectations for this trend to continue over the next few years. - *Pinkbike* (1) With this momentum, the mountain bike industry will play a critical role in Canada's tourism sector's recovery.

A 2016 study on mountain biking's impact on the Sea-to-Sky region of B.C. showed that **visitor spending totaled \$70.6M**, leading to **\$35.9M in wages** and combined **taxes generated of \$18.6M**. - *Mountain Bike Tourism Association* (2)

1 - <https://www.pinkbike.com/news/revenue-round-up-we-really-really-like-what-we-are-seeing.html>
2 - <https://www.mbta.ca/resources/research/>



Miranda Miller, Sun Peaks, B.C. P: Chris Pilling



SilverStar, B.C.: P. Clint Trahan

Crankworx + COVID-19

The Crankworx team was able to deliver the 2020 edition of Crankworx Rotorua (March 2020), roughly one week before the WHO declared a global pandemic and borders began to shut. As the weeks and months wore on, the postponement of the Innsbruck festival (June 2020) and the cancellation of Whistler (August 2020) followed.

In lieu of these challenges, Crankworx was able to deliver two spectator-free, made-for-TV festivals were born: the CLIF Crankworx Summer Series (CCSS) (July/August 2020), and the rescheduled Crankworx Innsbruck (October 2020). The CCSS focused on world-class mountain bike athletes who call B.C. home, riding and competing in epic locations within the province.

The pivots paid off, bringing a long list of benefits to host destinations, leading to job creation and retention (details on page 23), and enabling Crankworx to debut the return of live mountain bike racing to the world.

Crankworx is Essential

The festival is being aided by government in Innsbruck and New Zealand

Crankworx Innsbruck (June 16-20, 2021) - The local organizing committee of Crankworx Innsbruck worked directly with the Austrian authorities to execute the festival. Those deemed essential to the event (athletes, broadcast crews, Crankworx staff and other key officials) were permitted to enter Austria with an official letter from organizers, along with a negative PCR COVID-19 test within 72 hours of arrival to Austria. All essential athletes, talent and staff were required to show proof of vaccination (one dose), proof of having recovered from Covid-19 within the previous 90 days, or were required to show a negative antigen test not older than 48 hours to access the festival sight daily.

Crankworx B.C. (September 20-October 3, 2021) - The goal for Crankworx B.C. will be to gain entry into the country for approximately 40 athletes and talent who are essential to the execution of the event.

Crankworx Rotorua (November 1-7, 2021) - The New Zealand government designated Crankworx an essential service in May of 2020, committing to help those essential to the event enter the country. The local organizing committee is working directly with New Zealand Immigration to allow approximately 185 essential international travellers into the country to participate in the Rotorua festival.

Overall, being able to deliver three stops in 2021 will enable Crankworx to run its World Tour in 2021 and maintain its position as one of the elite mountain bike event series' in the world. Maintaining this position globally will help guarantee the return of Crankworx Whistler in the summer of 2022 and, with it, the economic benefits it brings.



2021: Crankworx B.C.

In 2021, instead of inviting the world to gather in Whistler, Crankworx will once again shift to a made-for-tv format while bringing the world's attention to other resorts in the province. Crankworx British Columbia will build on the success of the CCSS.

Crankworx B.C. will feature **international athletes**, some of the best in the world, **riding and competing on B.C.'s trails** and sharing the experience with Canada and the world on **Red Bull TV**.

Our fully online offering garnered great support in 2020, and is on track to further this in 2021.

As of March 2021, nearly \$800,000 has been committed by industry partners and media rights holders to bring Crankworx B.C. to life.

As of July 2021, British Columbia is in Step 3 of its "Restart Plan" (1). Under phase 3, up to 5,000 spectators will also be able to attend the events. We are currently working with the resorts to permit spectators to attend safely.

1 - <https://www2.gov.bc.ca/gov/content/covid-19/info/restart>



Casey Brown and Georgia Astle, Kicking Horse, B.C. P: Clint Trahan

Crankworx B.C. - Contributing to Recovery

*"If Canadians shift **two-thirds of their planned spend** on international leisure travel towards **domestic tourism**, it will make up for the estimated \$19 billion shortfall currently facing our visitor economy, help sustain 150,000 jobs and accelerate recovery by one year." - Destination Canada (1)*

With the financial backing of industry partners, media rights holders, and destination marketing organizations, we hold the keys to unlock the benefits that this proven concept brings:

- Inspiring tourism within British Columbia
- Continuing the growth of mountain bike tourism within Canada
- Promoting B.C. as a destination for international visitors when it's safe to do so
- Ensuring Crankworx can maintain its reputation as the biggest festival brand in mountain biking, which will ensure the long term viability of the company and a successful return to Whistler in 2022

1 - <https://www.destinationcanada.com/en/news/canadians-key-supporting-recovery-devastated-tourism-sector>

Crankworx B.C. - Goals

Promote Regional, Provincial and/Domestic Tourism (short- and long-term)

By hosting high-level mountain bike competitions, all designed with safety as the utmost priority in the face of the COVID-19 pandemic, B.C. can market these destinations and experiences domestically in the short-term.

Promote International Tourism (long-term)

Because of the global reach of both Crankworx and its influential star riders, partners and sponsors, the competitions will re-enforce the idea that Crankworx destinations are “bucket-list” locations for international visitors when borders open.

Improve Infrastructure in Host Communities

Hosting Crankworx brings trail enhancements which benefit the local communities and have a lasting legacy.

Create Jobs

In 2020, the CCSS put Canadians back to work and kept Canadians in jobs that might have otherwise faced redundancy or reduced hours. With the increased scale of Crankworx B.C., job creation and retention will be greater.

Encourage Regional Dispersion

Instead of inviting the world to gather in Whistler, Crankworx B.C. will bring its audience on the (digital) road to discover B.C.'s other hidden gems.

Solidify 2021 Crankworx World Tour

This third stop on the 2021 tour will safeguard Crankworx against the effects of COVID-19, ensuring it can return to full strength in 2022.



Henry Fitzgerald, Golden, B.C. P: Chris Pilling

Crankworx B.C. - Details



Finn Iles, Sun Peaks, B.C. P: Clint Trahan

Acknowledgements

The Crankworx team and partnering local organizers acknowledge that Crankworx B.C. will take place on traditional and ancestral territories throughout British Columbia.

While in Sun Peaks Resort, we would like to acknowledge the traditional territory of the Secwepemc people.

Throughout the community of Golden and Kicking Horse Mountain Resort, we would like to acknowledge the land on which we will gather is within the traditional homelands of the Ktunaxa and we pay our respect to the Ktunaxa ancestors of this area.

We will end in SilverStar Mountain Resort and we acknowledge that we will gather on the unceded territory of sqilx[™]/syilx (Okanagan) peoples.



Core Vision

- 2 weeks
- 3 resorts
- 50 pro athletes, Canadian and international
- 9 events
- 1 Slopestyle competition
- 5 made-for-TV events broadcast globally on Red Bull TV
- 6 disciplines: Slopestyle, Downhill, Speed & Style, Pump Track, Air DH & Dual Slalom

Locations



SILVERSTAR MOUNTAIN RESORT

SilverStar Bike Park is steeped in mountain bike history and some of the best trails you'll find anywhere. Known for its extremely well-maintained and built fast, flowy trails.



KICKING HORSE MOUNTAIN RESORT

Accessed by a single scenic Gondola ride, the Kicking Horse Bike Park offers one-of-a-kind alpine riding, offering all types of trail in an alpine meadow surrounded by majestic mountain vistas. Its hometown of Golden, B.C. is also home to the fabled Mount 7, where the Psychosis DH is staged.



SUN PEAKS RESORT

Sun Peaks Bike Park boasts a huge and diverse trail network ranging from technical DH and flowing machine-made freeride trails, to incredible and scenic alpine cross country.

Disciplines

Downhill

Raw and natural tracks, technical features and steep, gnarly lines - the mix of skill and all-out speed of DH racing is a winning formula.

B.C.'s terrain continues to produce some of the world's top downhill racers on the international circuit, while enticing adrenaline-seeking riders from all of the world to experience B.C.'s best for themselves.

Air DH

Artfully sculpted tracks built up with drops, berms, and jumps on jumps on jumps.

This unique style of downhill racing is fast and stylish and always a rider favourite.

Pump Track

This ultimate stripped-down skill showcase sees competitors duel head-to-head, without a single pedal stroke, on a course which demands near-perfect flow and explosive force.

Dual Slalom

Raw rivalry is the name of the game in Dual Slalom. This exciting format pits two competitors against one another on a purpose-built track in a fast and furious side-by-side battle.

Speed & Style

Two riders race against each other and try to make it to the finish as quickly as possible while performing the most stylish run. The winner is calculated based on their speed, with additional points awarded for style.

Slopestyle

Gravity-fed and loaded with man-made features—giant sculpted jumps, narrow canon logs, near-vertical wallrides, huge drops—Slopestyle delivers mind-bending tricks and high-energy action on a purpose-built course.

Crankworx Slopestyle competitions are the pinnacle of this discipline in mountain biking, attracting the attention of action sports enthusiasts around the world who tune in to see their heroes defy gravity.

Proposed Schedule

The event window of **September 20-October 3, 2021** is optimal to maximize viewership and exposure of Crankworx B.C. content. The event window also coincides with the earliest B.C. will move to step 4 of its restart plan.

The criteria for moving to Step 4 is more than 70% of the 18+ population vaccinated with dose 1, along with low case counts and low COVID-19 hospitalizations.

The earliest date we move to Step 4 is September 7.

Thursday, Sept 23: Sun Peaks Dual Slalom* & Air DH

Friday, Sept 24: Sun Peaks DH*

Monday, Sept 27: Kicking Horse Speed & Style*

Tuesday, Sept 28: Psychosis DH (Mt. 7, Golden, B.C.)

Thursday, Sept 30: SilverStar Dual Slalom

Friday, Oct 1: SilverStar Pump Track*

Saturday, Oct 2: SilverStar Air DH & Slopestyle*

*Broadcast event

Erik Fedko, Whistler, B.C. P: Fraser Britton



Athletes

Total potential reach: 1.6M+

SLOPESTYLE ATHLETES



NICHOLI ROGATKIN (USA)
395K



LUKAS KNOPF (GER)
342K



EMIL JOHANSSON (SWE)
226K



DAWID GODZIEK (POL)
188K



THOMAS GENON (BEL)
110K



ERIK FEDKO (GER)
82.1K



CASEY BROWN (CAN)
106K



KYLE STRAIT (USA)
121K



TRACEY HANNAH (AUS)
89.8K



BAS VAN STEENBERGEN (CAN)
88.4K



VAEA VERBEECK (CAN)
28.6K



TOMAS LEMOINE (FRA)
87.3K



KIALANI HINES (USA)
10.3K



TOMAS SLAVIK (CZE)
60.2K



JORDY SCOTT (USA)
10.1K



KEEGAN WRIGHT (NZL)
22.1K



GEORGIA ASTLE (CAN)
8.8K



ADRIEN LORON (FRA)
17K



MATHILDE BERNARD (FRA)
5.3K



AUSTIN WARREN (USA)
11.7K

The following are a selection of 20 of the 50 athletes who would be invited to compete in Crankworx B.C., and the potential reach of these 20 athletes.

CRANKWORX ATHLETES

Exposure

**BROADCAST + OWNED,
EARNED, PAID AND
PARTNER MEDIA**

- Crankworx will promote tourism (short- and long-term) in B.C. by exposing a massive audience to mountain bike destinations in the province.
- Broadcasts will be available both live and on-demand through Red Bull TV and Red Bull's YouTube channel.
- Crankworx also creates and shares event content through owned, earned and paid media, creating a tsunami of exposure from every angle.
- Athletes, partners and sponsors amplify our key messaging by sharing ours and their own event content, adding a massive layer of influence to our reach.

Broadcast

VALUE

Crankworx B.C. will inspire Canadians to take domestic vacations in 2021, 2022 and beyond. It will also inspire mountain bike enthusiasts and other travellers to return to Canada in the future as border restrictions allow.

The earned media value of the broadcast of a typical Crankworx Festival (5 live broadcasts and replays on Red Bull TV and YouTube) for the host destination is between **\$22.6M***. There is an incredible opportunity to showcase the province's legendary mountain biking.

With targeted advertising of the Crankworx B.C. broadcasts and other digital content from the events, Crankworx will generate an estimated **20M views of content**, all showcasing the mountain biking in B.C.

*valuation is calculated based on broadcast numbers from Crankworx Innsbruck 2020 (5 broadcast events), taking into account: audience size, total minutes viewed, total average engagement, CPM ad equivalency value, total minutes of broadcast, total show value, and an estimated tourism partner value.

Broadcast

ADDITIONAL DISTRIBUTION

In addition to live and replay broadcasts on Red Bull TV and on Red Bull's YouTube channel, Crankworx broadcasts are distributed to key media outlets around the world. This information is based on 2020 broadcasts.



Benefits to Host Communities

Hosting Crankworx requires resorts and local trail associations to build new courses and enhance existing trails and features. The work benefits the resorts as a whole and provides exceptional riding for event athletes and resort guests.

Crankworx also brings additional benefits to communities including volunteer opportunities and support for local trail associations.

“In preparation for the CCSS our trail crew put some extra time and effort into tuning up trails including reinforcing catch berms and corners, and even adding a new trail connector. We also put a lot of machine time into building a Dual Slalom course, which remained after the event for the general public to use for the rest of the MTB season. This was well used and

greatly appreciated by riders.” – Toby Barrett, Revenue & Guest Experience Manager, Kicking Horse Mountain Resort

“I know Sun Peaks Recreational Trail Association (SPRTA) loved being able to engage and volunteer their time during the event...the experience and knowledge gained from seeing world-class riders can set them up for future projects and events.” – Jeff Topham, Event Coordinator, Sun Peaks Resort

“They [Crankworx] were supportive of the Golden Cycling Club, ensuring that financial and other contributions were made to fulfil the Club's 'community first' mandate. Crankworx 2020 was a very successful event for Golden as a destination and one that I sincerely hope can be built into an annual event.” – Joanne Sweeting, Executive Director, Tourism Golden

Job Creation

The 2020 CLIF Crankworx Summer Series put a crew of people to work in July/August 2020. These included:

- CEI and contractors
- Boombox (our video production company) and contractors
- 1080 (our AV production company) and contractors
- Zone4 and Raw Motion timing
- Various event sponsors/partners and their contractors
- Athletes and mechanics
- Whistler Connection shuttle drivers
- Resort Staff

In total, approximately **140 people** worked to bring the CCSS to life in 2020.

With 2021's events building on the success of 2020's, that number is expected to grow to at least **180 roles**.

"Crankworx B.C. puts our province front and centre for people from around the world who are considering their next holiday destination. But not only this, it also provides valuable, interesting work for the team of people that come together to operate the event. In our experience, it's not just the drivers but also the support network that benefits from the secondary spending here in British Columbia." -Dan Harmon, General Manager, Whistler Connection

B.C. P: Clint Trahan



Regional Dispersion

"Crankworx has been a beacon in the mountain bike world for over a decade, spotlighting world-class destinations and turning them into mountain biking meccas i.e. Whistler. The Crankworx Summer Series, created to address the realities of COVID-19, now shines a light on the diversity of mountain biking in British Columbia and features a host of new destinations for the event's massive audience to discover. This new event model not only helps create an exciting series for the athletes, but will also help to disperse visitors throughout the province as we look ahead to travel in a post-COVID world."

-Martin Littlejohn, Executive Director, Mountain Bike Tourism Association



Kicking Horse, B.C. P: Clint Trahan

The Team

CRANKWORX EVENTS INC.

Crankworx Events Inc. (CEI), based in Whistler, B.C., is the core team behind Crankworx festivals around the world. Current full-time team members (10) bring a combined 55 years experience delivering Crankworx festivals. With total annual salaries of over \$700,000, CEI is a vibrant contributor to the Whistler and Sea to Sky economy. The Whistler festival traditionally employs over 250 people annually.

CEI covers all bases for event production, including:

- Event Management
- Sport
- Operations
- Communications and Marketing
- Sponsorship
- Athlete Management
- Finance
- Logistics

Over the years, we've planned and produced festivals in:

Canada
The USA
France
New Zealand
Austria

Return on Investment

Here's what our stakeholders can expect from their investment in Crankworx B.C.

- Reach Red Bull TV's extensive Crankworx audience - **2M+ global viewers**
- Earn media value for Province of B.C. through broadcasts - **\$22.6M**
- Tap into Crankworx and its partners' audiences - **Owned, earned and paid media coverage**
- Create job opportunities for Canadians - **180+ Canadians working**
- Enhance trails for local communities - **Lasting impact**
- Support regional dispersion - **Valuable marketing for B.C.'s hidden gems**
- Amplify the promotion of domestic tourism - **Expedite tourism industry recovery**

Crankworx B.C. is a viable event with a proven concept under COVID-19 restrictions and is shovel-ready!



Conclusion

Covid-19 has been very challenging for Tourism Business operators and even more difficult for those in the Festivals and Events field.

Our hope is that by delivering a world-class "made for TV" version of Crankworx B.C. in 2021, it will allow Crankworx to remain top of mind with all stakeholders, fans, media and partners, to see Crankworx Whistler return to its position as the largest mountain bike festival in the world in 2022. And along with it, all of the many benefits it provides to the community of Whistler, the province of British Columbia and Canada.

We are asking for permission for the essential athletes, talent and contractors to be permitted to enter into Canada this September, through a National Interest exemption, so that we may produce this event in a safe and responsible manner.

Kick

FYI Crankworx

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: August 18, 2021 at 3:36:06 PM Pacific Daylight Time
Attachments: RE: H&S Plan Approval Process - Crankworx British Columbia 2021

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Sent: July 6, 2021 1:28 PM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: FW: Just connecting you two

Hello! Happy^{s.22} Day!

I think this is in your wheelhouse, not mine, since it's a sport thing. Thoughts? I'm not clear on what they're actually asking for – it doesn't appear that they want an exemption from quarantine but rather provincial buy-in for the event to proceed in September.

Let me know what you think!

Haley

From: Jacobsen, Jennifer <Jennifer.Jacobsen@interiorhealth.ca>
Sent: July 6, 2021 1:21 PM
To: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: RE: Just connecting you two

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

Hi Haley – please see attached, they are looking at an Event in September and wanting Health Authority & Provincial approval for International competitors.

Happy to discuss at your convenience.

Jen Jacobsen

Direct: (250) 770-5540 ext 31286

Cell: (250) 462-2465

jennifer.jacobsen@interiorhealth.ca

I acknowledge that my work place is within the traditional territory of the Syilx Nation.

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Sent: Tuesday, June 29, 2021 10:58 AM
To: Jacobsen, Jennifer <Jennifer.Jacobsen@interiorhealth.ca>
Subject: RE: Just connecting you two

Hi Jen!

If you could quickly re-summarize your issue I would appreciate it!

What a whirlwind discussion today!!^{s.22}
s.22

Haley

From: Henderson, Sarah [BCCDC] <Sarah.Henderson@bccdc.ca>
Sent: June 29, 2021 10:39 AM
To: Jacobsen, Jennifer [IHA] <Jennifer.Jacobsen@interiorhealth.ca>
Cc: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: Just connecting you two

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

Sarah B. Henderson, PhD

Scientific Director | Environmental Health Services | BCCDC
Associate Professor (Partner) | School of Population and Public Health | UBC
Office: 604.707.2449
Cell: 604.910.9144

#DifferentTogether
#InPlainSight

I often work outside of normal business hours because it suits me. There is no expectation that you will respond outside of your working hours.

RE: Proof of Vaccination Card - What places should be excluded?

From: Mark von Schellwitz <mark@restaurantscanada.org>
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Maloughney, Mary Sue LCRB:EX <MarySue.Maloughney@gov.bc.ca>, XT:Tostenson, Ian LCRB:IN <itostenson@bcrfa.com>, jeff@ablebc.ca, Fox-Helmy, Jennifer LCRB:EX <Jennifer.Fox-Helmy@gov.bc.ca>
Sent: September 2, 2021 at 5:50:29 PM Pacific Daylight Time
Attachments: image002.png, image004.png, image006.png, image007.png, image005.png, image003.png, image001.png

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

Brian,

Thanks for the opportunity to provide more input on exemptions. Restaurants Canada is aligned with the BTAP input Jeff provided but would offer some additional thoughts and rationale.

Today I had the opportunity to discuss this with our BC RC board members as well input from my RC colleagues from Quebec and Ontario.

s.13

Hope the above comments help. Please let me know if you have any questions.

Mark



Mark von Schellwitz

Vice President, Western Canada

Restaurants Canada (formerly CRFA)

p: 604-685-9655 or 1-800-387-5649 ext 6500 m: 604-809-5719

a: Box 28004, 499 Granville Street, Vancouver, BC V6C 3T7

w: restaurantscanada.org e: mark@restaurantscanada.org



NAVIGATING CORONAVIRUS

Access resources & updates on COVID-19

VISIT RESOURCE PAGE

This e-mail (including any attachments) is for the sole use of the intended recipient(s) and may contain legally privileged or confidential information. If you have received this e-mail in error or are not the intended recipient(s), please immediately advise me by telephone (collect if necessary) or return e-mail, and delete this e-mail and destroy any copies. Any distribution, use or copying of this e-mail or the information it contains by other than the intended recipient is unauthorized.

From: Emerson, Brian P HLTH:EX [mailto:Brian.Emerson@gov.bc.ca]

Sent: September 2, 2021 9:59 AM

To: Maloughney, Mary Sue LCRB:EX <MarySue.Maloughney@gov.bc.ca>; XT:Tostenson, Ian LCRB:IN <itostenson@bcrfa.com>; Mark von Schellwitz <mark@restaurantscanada.org>; 'jeff@ablebc.ca' <jeff@ablebc.ca>; Fox-Helmy, Jennifer LCRB:EX <Jennifer.Fox-Helmy@gov.bc.ca>

Subject: Proof of Vaccination Card - What places should be excluded?

Caution: non RC source eMail

Thanks again for the discussion yesterday and the letters.

As I mentioned, your ideas on^{s.13}
s.13 would be most appreciated.

By end of day would be most helpful.

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^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

-----Original Appointment-----

From: Maloughney, Mary Sue LCRB:EX <MarySue.Maloughney@gov.bc.ca>

Sent: August 31, 2021 3:21 PM

To: Maloughney, Mary Sue LCRB:EX; Emerson, Brian P HLTH:EX; XT:Tostenson, Ian LCRB:IN; 'mark@restaurantscanada.org'; 'jeff@ablebc.ca'; Fox-Helmy, Jennifer LCRB:EX

Subject: BTAP w/Dr. Emerson

When: September 1, 2021 2:00 PM-2:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: MS Teams Meeting / Sitka

Purpose – where health is headed with vaccination implementation.

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

[Learn More](#) | [Meeting options](#)

RE: NH's order on gatherings and events

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Cc: XT:Fumerton, Raina HLTH:IN <Raina.Fumerton@northernhealth.ca>, Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: September 3, 2021 at 10:14:26 AM Pacific Daylight Time
Attachments: NH Gatherings and Events Order 2021-09-07 BE.docx
This looks very good Jong. Sorry for not getting to yesterday.

I have just a few comments/suggested edits.

s.13

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 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Sent: September 3, 2021 9:26 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: XT:Fumerton, Raina HLTH:IN <Raina.Fumerton@northernhealth.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Subject: RE: NH's order on gatherings and events
Importance: High

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

Brian, I am very sorry to bother, but please allow me to bring this to top of your inbox. I hope we can finalize this order and get posted today (it will become effective at 12:00 am September 7). We made public announcement yesterday.

It would be important get your feedback on this order (including timeline – if we should consider major revision or you have major competing priorities for today, I will update the timeline)

Thanks so much for your time and help.

Jong

From: Kim, Jong [NH]
Sent: Thursday, September 2, 2021 11:53 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Fumerton, Raina <Raina.Fumerton@northernhealth.ca>; Corneil, Trevor <Trevor.Corneil@northernhealth.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Subject: NH's order on gatherings and events
Importance: High

Brian, I attached the latest draft of the NH's gathering and events order. Could I ask for your review and feedback?

I am very sorry for tight timeline – I am aiming for this being enacted on September 7 (in effect, September 6 midnight), so should be finalized by tomorrow.

There will be communication to public taking place this afternoon.

s.13

Thanks so much for your time and help.

Jong

Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health

Tel: 250-261-7235
Cell: 250-793-3751

Page 075 of 475 to/à Page 087 of 475

Withheld pursuant to/removed as

s.13

RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

From: Henry, Bonnie HLTH:EX
To: Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Cc: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>
Sent: September 8, 2021 at 4:49:30 PM Pacific Daylight Time
Attachments: PHO Letter Joint Response - Vaccine Card - Sept 7 2021 DBSbh.docx
That is great, thanks. Here is a final version for formatting etc.
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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From: Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>
Sent: September 8, 2021 4:09 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Cc: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>
Subject: RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

Hi Bonnie,

Just a few typo corrections from me and a few minor edits.

s.13

Thanks!
Daniele
Danièle Behn Smith (she/hers; Eh Cho Dene & Metis/French Canadian)
Deputy Provincial Health Officer – Indigenous Health
MD, MPH, CCFP, IFMCP
Ministry of Health
Mailing Address: PO Box 9648, STN PROV GOVT
Victoria BC V8W 9P4
Email: daniele.behnsmith@gov.bc.ca

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: September 8, 2021 3:49 PM

To: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>
Cc: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>
Subject: RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card
Importance: High

This is my latest revision of the letter from me in response to this. Daniele if you could have a quick read through I would appreciate it.

Thanks,
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*

Phone: s.17; s.19

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From: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Sent: September 7, 2021 3:30 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: FW: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card
Importance: High

Hi Bonnie,

Sending back to you with slight changes and to bring this back up to the top of your email. This has been sent to the MO in draft form with the caveat that it has not yet had your approval.

Thank you,
Laurel Thompson | *Executive Coordinator*
Office of the Provincial Health Officer, Ministry of Health

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Sent: September 7, 2021 3:16 PM
To: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Subject: RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

Yup, made changes, highlighted in the attached!

From: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Sent: September 7, 2021 3:13 PM
To: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: FW: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

How about this?

Laurel Thompson | *Executive Coordinator*
Office of the Provincial Health Officer, Ministry of Health

From: Murray, Heather HLTH:EX <Heather.Murray@gov.bc.ca>
Sent: September 7, 2021 3:09 PM
To: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Cc: Andrachuk, Andrea HLTH:EX <Andrea.Andrachuk@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>
Subject: RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

Hello – the MO has asked,^{s.13}

Thanks! Heather

From: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Sent: September 7, 2021 3:01 PM
To: Murray, Heather HLTH:EX <Heather.Murray@gov.bc.ca>
Cc: Andrachuk, Andrea HLTH:EX <Andrea.Andrachuk@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>
Subject: RE: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card

Hello Heather,
s.13

Please let me know if this response will suffice.

Thank you,
Laurel Thompson | *Executive Coordinator*
Office of the Provincial Health Officer, Ministry of Health

From: Murray, Heather HLTH:EX <Heather.Murray@gov.bc.ca>
Sent: September 7, 2021 2:07 PM
To: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>
Cc: Andrachuk, Andrea HLTH:EX <Andrea.Andrachuk@gov.bc.ca>; Sheppard, Jenifer A HLTH:EX <Jenifer.Sheppard@gov.bc.ca>
Subject: Feedback from MO: Draft Response to Joint Letter re: Vaccine Card
Importance: High

Please see the feedback to the draft letter from the MO – are we able to update the draft and I can resend through for review?

Thanks, Heather

s.13

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Withheld pursuant to/removed as

s.13

RE: Children's hockey

From: Emerson, Brian P HLTH:EX
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: September 10, 2021 at 3:06:12 PM Pacific Daylight Time

s.13

If you agree I will make that change, and respond to this person.

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 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca

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

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: September 10, 2021 3:01 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: FW: Children's hockey

s.13

Thanks,
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

Sent: September 10, 2021 2:50 PM

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

Subject: Children's hockey

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

Hi there,

I'm sure you won't bother to read this email but on the off chance you care what an average mother in your province is concerned about I thought I'd give it a shot.

Although your PHO is quite clear about this vaccine mandate not affecting children's recreational sports, for some reason it is still not clear enough for BC Hockey to state that unvaccinated kids are still clear to play. They seem to be waiting for more clarification from you even though this is actually one of the very clear things the PHO has indeed stated.

Many children will be missing out on playing the sport they love because of this. They will not be able to step on the ice in Monday because somehow this is still not understood.

My child's mental health among others has been shattered throughout this pandemic and sports has been the only thing holding him together.

Please, for the love of god, talk to BC Hockey and give them the clarification on this very clear matter that they need.

Time is of the essence.

Thank you,

s.22

Sent from my iPhone

RE: Children's hockey

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: September 10, 2021 at 3:06:14 PM Pacific Daylight Time

s.13

If you agree I will make that change, and respond to this person.

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 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca

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

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: September 10, 2021 3:01 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: FW: Children's hockey

s.13

Thanks,
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

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

From: s.22

Sent: September 10, 2021 2:50 PM

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

Subject: Children's hockey

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

Hi there,

I'm sure you won't bother to read this email but on the off chance you care what an average mother in your province is concerned about I thought I'd give it a shot.

Although your PHO is quite clear about this vaccine mandate not affecting children's recreational sports, for some reason it is still not clear enough for BC Hockey to state that unvaccinated kids are still clear to play. They seem to be waiting for more clarification from you even though this is actually one of the very clear things the PHO has indeed stated.

Many children will be missing out on playing the sport they love because of this. They will not be able to step on the ice in Monday because somehow this is still not understood.

My child's mental health among others has been shattered throughout this pandemic and sports has been the only thing holding him together.

Please, for the love of god, talk to BC Hockey and give them the clarification on this very clear matter that they need.

Time is of the essence.

Thank you,

s.22

Sent from my iPhone

Re: Vaccine Card Exemption

From: Emerson, Brian P HLTH:EX
To: White, Alexi OHRC:EX <Alexi.White@bchumanrights.ca>
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>
Sent: September 11, 2021 at 6:02:39 PM Pacific Daylight Time
Attachments: image002.png, image004.png, image005.png, image006.png, image003.png, image001.png
Thanks for following up and the link to the decisions.

The orders that include the proof of vaccination requirements were posted to the PHO website today. The provisions are in the updated Gatherings and Events Order & Food and Liquor Serving Premises Order.

Thanks again.

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](tel:250.952.1701) C s.17 F. [250.952.1713](tel:250.952.1713) brian.emerson@gov.bc.ca

On Sep 11, 2021, at 5:31 PM, White, Alexi OHRC:EX <Alexi.White@bchumanrights.ca> wrote:

Hi Brian,

Thanks for confirming.^{s.13}
s.13

I hope

we can assist you in communicating to the public^{s.13}
s.13

In case you haven't seen them, the Human Rights Tribunal posted yesterday its first two decisions dismissing complaints about the vaccine card. There's some helpful language in them about the high bar for evidence needed to substantiate a discrimination claim of this kind,^{s.13}
s.13

Best,
Alexi

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: September 10, 2021 1:11 PM
To: White, Alexi OHRC:EX <Alexi.White@bchumanrights.ca>
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; Barclay, Corrie A HLTH:EX <Corrie.Barclay@gov.bc.ca>; Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>
Subject: RE: Vaccine Card Exemption

Hi Alexi and thanks for flagging the news report at the link below.

You are correct about administrative challenges, as well as perhaps technical challenges for this broad scale initiative.

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 ^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: White, Alexi OHRC:EX <Alexi.White@bchumanrights.ca>

Sent: September 10, 2021 12:38 PM

To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Behn Smith, Daniele HLTH:EX
<Daniele.BehnSmith@gov.bc.ca>

Subject: Vaccine Card Exemption

Hi Brian and Daniele,

It looks like CTV is reporting an extremely limited exemption to the vaccine card through a process "involving a person's doctor and the Office of the Provincial Health Officer." As complex as I'm sure that is from an administrative perspective, it's good news from a human rights perspective. I know you're slammed, but when details are available we'd love to know more ^{s.13}

s.13

Best,
Alexi

Alexi White (*he/him*)
Manager, Policy
BC's Office of the Human Rights Commissioner
Office: 236-455-1848 | Cell: 236-808-2590
bchumanrights.ca | [@humanrights4bc](https://twitter.com/humanrights4bc)

<[image001.png](#)>

<[image002.png](#)>

<[image003.png](#)>

<[image004.png](#)>

<[image005.png](#)>

<[image006.png](#)>

To the Indigenous peoples of this place we now call British Columbia: Today we turn our minds to you and to your ancestors. You have kept your unceded homelands strong. We are grateful to live and work here.

BC's Office of the Human Rights Commissioner's email font size and colour contrast reflect current accessibility best practices. We welcome feedback about how we can make our communications more accessible: info@bchumanrights.ca

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s.14

RE: pools-not included in order

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 8, 2021 at 4:36:25 PM Pacific Daylight Time
YUP looks good. I'll provide with the caveat that we are awaiting sign off from Brian.

Thank you!

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 8, 2021 4:08 PM
To: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Subject: RE: pools-not included in order

s.13

Daniel Naiman
Manager, Physical Activity and Health Promoting Schools
Healthy Living and Health Promotion Branch | BC Ministry of Health
Phone: 778- 572-3877 | Cell: 604-250-4607

From: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>
Sent: October 8, 2021 2:38 PM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: FW: pools-not included in order

Did you get the rationale from the BCPRA on pools yet?

Sigh...

From: Copeland, Alison HLTH:EX <Alison.Copeland@gov.bc.ca>
Sent: October 8, 2021 2:37 PM
To: Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>

Subject: pools-not included in order

Hi Haley,

s.22

A few offices have had people reach out to confirm if chlorinated water kills the virus, and that is why pools are not included in the order.

s.13

Thanks

Alison Copeland

Ministerial Advisor

Ministry of Health

Office: 236 468-3515 | Cell: 250-889-4031

alison.copeland@gov.bc.ca

Re: Mandated COVID vaccines at recreation centres

From: s.22
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 12, 2021 at 1:02:17 PM Pacific Daylight Time

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

Dear Daniel,

Thank you for your reply.

First of all, rarely are masks worn in the change room. Plus the unvaccinated couple I know, never wear them when entering or exiting the facility.

Secondly, there are no limits on the number of people allowed in the steam room or hot tub, which this couple uses.

Thirdly, I'm^{s.22} yrs old and go to the pool to water run. The weight room requires vaccinations. How is that any different for me, running in the pool, with others near by. For chlorine to be a factor, I would have to have my head in the water, which we^{s.22} don't do.

I feel that Gov BC is enabling the unvaccinated to continue down their socially irresponsible path. Yes, the risk is probably low at pools, but why should we^{s.22} be exposed to any potential risk while getting much needed exercise.

s.22

On Tue, Oct 12, 2021 at 11:56 AM Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca> wrote:

Dear^{s.22}

Thanks for your e-mail to Minister Dix and Dr. Henry regarding the proof of vaccination requirements at public pools. I have been asked to respond on their behalf.

I want to first off acknowledge your concerns, as it sounds like the lack of a proof of vaccination requirement has caused you and others concern and stress. I want to let you know that this decision was considered using the best evidence available and in consultation with regional Health Authorities and the BC Recreation and Parks Association input. The main rationale as to why pools have been excluded from the Proof of Vaccination requirements is that they are considered low risk environments. Aquatic environments are considered to be low risk spaces due to the chlorine, volume of water, and effective HVAC air handling systems. From the outset of the pandemic to the present, municipal recreation facilities implemented enhanced health and safety protocols in accordance with PHO and WorkSafe guidelines and Orders and the transmission risk in these settings was found to be very low.

There are ongoing processes in place to help ensure pool users moving to and from the pool are at low risk of contracting COVID-19. For example: each site has a Communicable Disease prevention plan in alignment with WorkSafe requirements; Facilities continue to adjust capacity based on physical distancing and ensuring there are no pinch-points; Each municipal recreation site, being a public space, requires that face coverings are worn throughout the facility including the change rooms; Facilities have created where possible one-way entrance/exit points and circulation through passages, or have staggered program times to accommodate various users; Aquafit and other aquatic exercise classes ensure well-spaced participants; And, pool users who wish to access other parts of the facility are required to provide PoV at the access point.

I hope this provides a bit more background for you on this issue and helps to alleviate some of the concern, and I want to thank you again for your e-mail.

Best,

Daniel

Daniel Naiman

Manager, Physical Activity

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | **Cell:** 604-250-4607

e-mail: Daniel.Naiman@gov.bc.ca

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From: ^{s.22}

Date: October 3, 2021 at 9:43:45 PM PDT

To: "Minister, HLTH HLTH:EX" <HLTH.Minister@gov.bc.ca>

Cc: "Henry, Bonnie HLTH:EX" <Bonnie.Henry@gov.bc.ca>, Premier@gov.bc.ca

Subject: Mandated COVID vaccines at recreation centres

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

Dear Mr. Dix,

Public swimming pools need to be included in recreation facilities mandated 2 doses of vaccines.

I regularly attend^{s.22} pool. The steam room, sauna and hot tubs are open to any number of people. I personally know one couple who refuse to be vaccinated and are regular users of pool, steam room and hot tub.

How is that safe for others who did the responsible thing and have their double jabs! What is the reasoning behind the Health Authorities decision to omit swimming pools?

I would like a reply to my concerns, please. I'm not the only pool user who feels this way. There are many of us.

Sincerely,

s.22

FW: Regional order update:^{s.13}

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: October 13, 2021 at 9:26:41 AM Pacific Daylight Time
Attachments: image002.png, image004.png, image006.png, image007.png, image005.png, image003.png, NH Gatherings and Events Order 2021-10 update.DOCX, image001.png

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

Bonnie, I attached the current draft of the order, in case we are meeting this morning to discuss regional order.

Brian, I am sending as FYI only, but you do not need to review this. I am getting NH team feedback, and will send you updated copy once I update it with NH team feedback.

Jong

From: Kim, Jong [NH]
Sent: Tuesday, October 12, 2021 8:17 PM
To: Quibell, Doug [NH] <Doug.Quibell@northernhealth.ca>; Kling, Rakel [NH] <Rakel.Kling@northernhealth.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Fumerton, Raina [NH] <Raina.Fumerton@northernhealth.ca>; Raper, Steve [NH] <Steve.Raper@northernhealth.ca>; Moore, Ali [NH] <Ali.Moore@northernhealth.ca>; Wadden, Shane [NH] <Shane.Wadden@northernhealth.ca>
Cc: Cleaver, Dennis [NH] <Dennis.Cleaver@northernhealth.ca>; Hampe, Tanis [NH] <Tanis.Hampe@northernhealth.ca>; Collins, Eryn [NH] <Eryn.Collins@northernhealth.ca>; Ceaser, Carla [NH] <Carla.Ceaser@northernhealth.ca>; Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>; Zirul, Chelan [NH] <Chelan.Zirul@northernhealth.ca>
Subject: RE: Regional order update:^{s.13}

Doug, thanks. I cc'ed Ali and Shane here. Also I am glad to hear IHA's support. Ali and Shane, I c'eed you both and feedback from both of you is welcomed. On the other hand, I am asking if one of you can be 'lead' EH-lead for this regional order update to work with me. We are aiming to get draft to Dr. Henry by end of tomorrow, and final draft by end of this week. So turnaround time can be quite short.

I attached the first draft of the updated regional order.

s.13

Timeline is:

- **Please provide feedback before 5 pm, Oct 13**
- End of Oct 13: get the first draft to Dr. Henry and Dr. Emerson
- End of Oct 15: finalize the order
- Dr. Henry will discuss this with minister tomorrow, and we will hear timeline for public announcement.

Please share any feedback, question or comment – on the order, implementation, communication and other (including what else we should consider as additional regional measure).

Thanks for everyone's support.

Jong

From: Quibell, Doug [NH] <Doug.Quibell@northernhealth.ca>

Sent: Tuesday, October 12, 2021 3:53 PM

To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; Kling, Rakel [NH] <Rakel.Kling@northernhealth.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Fumerton, Raina [NH] <Raina.Fumerton@northernhealth.ca>; Raper, Steve [NH] <Steve.Raper@northernhealth.ca>

Cc: Cleaver, Dennis [NH] <Dennis.Cleaver@northernhealth.ca>; Hampe, Tanis [NH] <Tanis.Hampe@northernhealth.ca>; Collins, Eryn [NH] <Eryn.Collins@northernhealth.ca>; Ceaser, Carla [NH] <Carla.Ceaser@northernhealth.ca>; Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>

Subject: RE: Regional order update:s.13

Great, thank you. Yes, Ali or Shane can assist with writing/review of the updated Order. Interior Health has offered virtual EHO support. Fraser, Vancouver and Island are also supportive if needed.

Thanks,

Doug Quibell, BSc, MHSc

Regional Manager, Environmental Public Health | Tobacco & Vapour Control

**Public Health Protection,
Northern Health Authority**

3412 Kalum Street
Terrace, BC V8G 4T2

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From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>

Sent: Tuesday, October 12, 2021 3:29 PM

To: Kling, Rakel [NH] <Rakel.Kling@northernhealth.ca>; Corneil, Trevor [NH] <Trevor.Corneil@northernhealth.ca>; Fumerton, Raina [NH] <Raina.Fumerton@northernhealth.ca>; Quibell, Doug [NH] <Doug.Quibell@northernhealth.ca>; Raper, Steve [NH] <Steve.Raper@northernhealth.ca>

Cc: Cleaver, Dennis [NH] <Dennis.Cleaver@northernhealth.ca>; Hampe, Tanis [NH] <Tanis.Hampe@northernhealth.ca>; Collins, Eryn [NH] <Eryn.Collins@northernhealth.ca>; Ceaser, Carla [NH] <Carla.Ceaser@northernhealth.ca>; Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>

Subject: Regional order update: s.13

s.13

This

is what's planned in conversation with DM and PHO:

s.13

Next Step:

- I will work on some draft order update today,
- Get internal review by tomorrow,
- Will get this to Bonnie and Brian by end of tomorrow.

Ask:

- Doug: could I ask assigning a EHO if there is a good writer in the team that I can work with to draft and refine the order?
It will need the person to prioritize the order writing for this week – we are aiming to get this done by end of this week.
- Melanie: let's check my schedule to create spare time to work on the order
 - o Also, let's plan to book a meeting with dr. Henry to discuss the order draft as well as implement by end of this week.
- Everyone: please provide quick review and feedback – I apologize in advance with draft coming with short timeline.

Please let me know any question or comment.

I will update if there is any update.

Jong

Jong

Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health

Tel: 250-261-7235
Cell: 250-793-3751

Page 138 of 475 to/à Page 153 of 475

Withheld pursuant to/removed as

s.13

RE: s.13

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: XT:Robbestad, Melanie HLTH:IN <melanie.robbestad@northernhealth.ca>
Sent: October 14, 2021 at 1:55:37 PM Pacific Daylight Time
Attachments: FINAL NH Gatherings and Events Order 2021-10-14.docx

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

New version^{s.13}

Thanks!

Jong

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: Thursday, October 14, 2021 1:54 PM
To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>
Subject: RE: s.13

I also noted that^{s.13}
s.13
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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From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Sent: October 14, 2021 1:49 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: XT:Robbestad, Melanie HLTH:IN <melanie.robbestad@northernhealth.ca>
Subject: RE: s.13

Bonnie and Brian, thanks for the advice. s.13

s.13

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: Thursday, October 14, 2021 1:47 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Cc: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>
Subject: RE: s.13

s.13

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

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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: October 14, 2021 1:34 PM
To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: XT:Robbestad, Melanie HLTH:IN <melanie.robbestad@northernhealth.ca>
Subject: RE:s.13

Hi Jong.

s.13

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^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>

Sent: October 14, 2021 1:30 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

Cc: XT:Robbestad, Melanie HLTH:IN <melanie.robbestad@northernhealth.ca>

Subject: RE: s.13

Importance: High

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s.13

Jong

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

Sent: Thursday, October 14, 2021 1:18 PM

To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>

Subject: RE: s.13

s.13

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*

s.17; s.19
Phone:

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: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Sent: October 14, 2021 12:32 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: RE: s.13

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

This is the latest version of order.

s.13

I am happy to discuss put it in order (and how to word it)

Thanks for the support

Jong

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: Thursday, October 14, 2021 12:25 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Subject: RE: s.13

s.13

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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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: October 14, 2021 12:10 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Subject: RE: s.13

Just reviewed with Jong and suggested one addition in red in #1,^{s.13}

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^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Sent: October 14, 2021 11:57 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: FW:s.13
Importance: High

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

This is what I have for^{s.13} right now.
I'd appreciate quick discussion on this.
I am 250-793-3751

Jong

From: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>
Sent: Thursday, October 14, 2021 11:53 AM
To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Subject: s.13

s.13

Melanie Robbestad (*she/her/hers*)
Executive Assistant to the Chief Medical Health Officer
And the Vice President, Population & Public Health
Northern Health
Tel: 250.645.3133, local 503133
Cell: 250.640.6357 (*please use this number*)

GATHERINGS AND EVENTS

COVID-19 ORDER for NORTHERN HEALTH AUTHORITY– October 15, 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 PERSONS WHO ORGANIZE OR ATTEND EVENTS IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF PRIVATE RESIDENCES IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF VACATION ACCOMMODATION IN NORTHERN HEALTH**
- TO: OWNERS AND OPERATORS OF PLACES IN NORTHERN HEALTH**
- TO: OWNERS AND OPERATORS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS AND FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS AND PRIVATE CLUBS**
- TO: RELIGIOUS COMMUNITIES**

In the matter of an ORDER made pursuant to Part 4 Division 4 of the *British Columbia Public Health Act*, I, **Dr. Jong Kim**, Chief Medical Health Officer, Northern Health Authority, **Fort St. John, BC**, am of the opinion that a Public Health Hazard exists in the Northern 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. Social interactions and close contact between people are associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- D. People spending time together indoors 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;

- E. Gatherings and events in private residences, vacation accommodation and other places continue to pose a risk of promoting the transmission of SARS-CoV-2 and increasing the number of people who develop COVID-19 and become seriously ill;
- F. 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. This situation has been exacerbated by the presence of the highly transmissible Delta variant of SARS-CoV-2 in British Columbia
- G. There has been a recent increase in the number of persons infected with COVID-19, in the Northern Health Authority, s.13
s.13
- H. 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, **in populations who are not yet vaccinated**, an increase in contracting more serious COVID-19 illness, all of which increases the risk of hospitalizations, intensive care admissions, and deaths;
- I. While substantial progress has been made in vaccinating the population 12 years of age and older of British Columbia in general and of the Affected Area in particular, a significant portion of the public is unvaccinated, which is resulting in increases in cases, hospitalizations and intensive care admissions, primarily in unvaccinated people, although it is causing illness in vaccinated people. This situation has been exacerbated by the presence of the highly transmissible Delta variant of SARS-CoV-2 in British Columbia in general, and in the Affected Area in particular;
- J. Unvaccinated persons are at higher risk than vaccinated persons of being infected with SARS-CoV2 and of transmitting SARS-CoV-2 to other persons;
- K. Evidence is emerging that even people who are vaccinated can be infected with SARS-CoV-2 and can transmit SARS-CoV-2, although this is much less likely than in the case of unvaccinated people;
- L. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- M. Programs that require proof of vaccination to be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19;
- N. Gatherings and events which involve large numbers of people continue to pose a risk of promoting the transmission of SARS-CoV-2, and increasing the number of people who develop COVID-19 and become seriously ill;
- O. I recognize the societal effects, including the hardships, which the measures I have and continue to put in place to protect the health of the population have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other

jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm created by gatherings and events;

- P. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the Canadian Charter of Rights and Freedoms, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the Charter, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the Charter of Rights and Freedoms of residents of and visitors to the Northern Health Region less intrusively, where this is consistent with public health principles. In consequence, I am not prohibiting outdoor assemblies for the purpose of communicating a position on a matter of public interest or controversy, subject to my expectation that persons organizing or attending such an assembly will take the steps and put in place the measures recommended in the guidelines posted on Northern Health website in order to limit the risk of transmission of COVID-19;
- Q. This Order does not apply to a council, board, or trust committee of a local authority as defined under the Community Charter, or the Local Government Act when holding a meeting or public hearing without members of the public attending in person; the distribution of food or other supplies to people in need; health or social services provided to people in need, such as warming centres, cooling centres and emergency reception centres; health care related events such as immunization clinics, COVID-19 testing centres and blood donation clinics; court sittings wherever they occur; workers at a workplace when engaged in their work activities; workers living at a work camp; students, teachers or instructors at a school, or a post-secondary educational institution when engaged in educational activities; public pools and public skating rinks when not associated with an event; customers in a service business; a volunteer work party engaged in gardening, vegetation removal, trail building or a similar outside activity; the use of any place for local government, provincial or federal election purpose; or a rehabilitation or an exercise therapy program; outdoor temporary markets (Farmers Markets)
- R. I have reason to believe and do believe that:
- a. The risk of a sustained or further outbreak 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 SEPTEMBER 10, 2021 (THE "PROVINCIAL GATHERINGS AND EVENTS ORDER"), FACE COVERINGS (COVID-19) ORDER, DATED SEPTEMBER 28, 2021 (THE "PROVINCIAL FACE COVERING ORDER") AND FOOD AND LIQUOR SERVING PREMISES ORDER, DATED SEPTEMBER 10, 2021 (THE "PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER") AS AMENDED FROM TIME TO TIME, AND, ON PUBLICATION OF THIS ORDER ON THE PROVINCIAL HEALTH OFFICER'S WEBSITE, THIS ORDER IS INCORPORATED INTO THE PROVINCIAL GATHERINGS AND EVENTS ORDER.

A CONTRAVENTION OF THIS ORDER IS A CONTRAVENTION OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE “PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER TO THE EXTENT THAT THE PROVISIONS OF THIS ORDER ARE INCONSISTENT WITH THE PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER, THE PROVISIONS OF THIS ORDER SUPERSEDE THE INCONSISTENT PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER FOR THE AFFECTED AREA.

THIS ORDER IS LIMITED IN APPLICATION TO THE AFFECTED AREA.

THIS ORDER REPEALS AND REPLACES MY ORDER MADE ON SEPTEMBER 7, 2021

THIS ORDER ENTERS INTO FORCE AT 12:01 AM ON OCTOBER 15, 2021

Definitions

1 In this order:

“event” refers to an in-person gathering of people in any place whether private or public, inside or outside, organized or not, on a one-time, regular or irregular basis. Only those events listed under section L above are exempt from this Order;

“lifecycle event” means a wedding ceremony, baptism, funeral, medical assistance in dying, and Jewish divorce court proceedings;

“occupant” means an individual who occupies vacation accommodation or resides in a private residence;

“organizer” means the person responsible for organizing an event and the person who acts as host at an event;

“owner” includes an occupier, operator or person otherwise responsible for a place;

“patron” means a person, including a child or youth, who attends or is a participant in an event; or a person who attends a worship service, or; anyone being provided with food or liquor services, a restaurant, coffee shop, café, cafeteria or food primary or liquor primary establishment, including a pub, bar, lounge, nightclub, liquor, manufacturing facility with a tasting room or private club.

“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>;

“a place” includes areas both inside and outside, an area open to the public and an area not open to the public, a banquet hall, private residence, vacation accommodation, a perimeter seating vehicle or a perimeter seating bus;

“premise” refers to restaurants, coffee shops, cafes, cafeterias and food primary and liquor primary establishment, including pubs, bars, lounges, liquor manufacturing facilities that have tasting rooms and private clubs unlicensed restaurants that don't offer table service such as fast food, coffee shops, food courts, food trucks and takeout.

“private residence” includes areas both inside and outside;

“vacation accommodation” means a house, townhouse, cottage, cabin, apartment, condominium, mobile home, recreational vehicle, hotel suite, tent, yurt, houseboat or any other type of living accommodation and associated deck, garden or yard, when used for vacation purposes by the owner, tenant, guest or any other person.

“sport” means an individual or group sporting activity and includes training and practice, but does not include sport for children or youth, varsity sport or high-performance athlete sport

“sport for children or youth” means an activity which is delivered by a provincial sport organization or a local sport organization and may include participants who are under 22 years of age, but does not include varsity sports

“vaccinated” means to have received a one or two doses of a vaccine.

“fully vaccinated” means to have received two doses of vaccine

“vaccine” means a World Health Organization approved vaccine for use against the infectious agent SARS-CoV-2;

“varsity sport” means a sport for which the eligibility requirements for participation are established by a national association for the regulation of intercollegiate athletics, or which is designated as a varsity sport program by a post-secondary institution, and includes fitness training, sport training, practice and competition

“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;
- but does not include a clear plastic face shield

“worship service” does not include a wedding, baptism, or funeral

A. PRIVATE RESIDENCES AND VACATION ACCOMMODATION

- 1 A person who is not an occupant must not be present at a private residence or vacation accommodation, except as provided for in this Part.
- 2 An occupant must not be present at an event at a private residence or vacation accommodation, if there is a person present who is not an occupant, except as provided for in this Part.
- 3 A person must not organize, host, or attend an event or social gathering, including a lifecycle event, inside a private residence or vacation accommodation unless:
 - a. all individuals in attendance age 12 and older are vaccinated;
 - b. the occupants of one other private residence or vacation accommodation, and any event staff, are present in addition to the occupants; or

- c. up to a maximum of 5 people, including any event staff, are present in addition to the occupants; and
 - d. in either case, those in attendance, wear a face covering, or are protected by physical barrier or 2 metre distancing.
- 4 A person must not organize, host or attend, an event outside a private residence or vacation accommodation, including on a deck or patio, unless:
- a. all individuals in attendance age 12 and older are fully vaccinated;
 - b. hand sanitation supplies are readily available;
 - c. up to a maximum of 25 people, including any event staff, are present in addition to the occupants;
 - d. no person who is attending the event and who is not an occupant goes inside, except for the purpose of using the washroom facilities, or the kitchen in the case of event staff; and
 - e. those in attendance, wear a face covering, or are protected by physical barrier or 2 m distancing.
- 5 The owner of vacation accommodation must require any tenant, guest or other person using the vacation accommodation to comply with the requirement in section A(3) and A(4).
- 6 A person must not organize, host or attend an event held inside or outside a private residence or vacation accommodation, except as provided for in this Order.
- 7 A person who is not an occupant or event staff must not organize or host an event at a private residence or vacation accommodation.

B. EVENTS

- 1 A person must not permit a place to be used for, organize, provide, host, participate in, or be a spectator at an event, except as provided for in this Order.
- 2 This section does not apply to indoor and outdoor flow through events, covered below in Section E.

C. INSIDE EVENTS TO WHICH NO OTHER PART APPLIES

- 1 Despite any lesser restrictions under the Provincial Gathering and Events Order, a person must not organize, host, attend, officiate at or permit a place to be used for an event unless all participants age 12 and older have been fully vaccinated, and the organizers and participants comply with their respective obligations for obtaining and providing proof in the form required under Part D (Proof of Vaccination) of the Provincial Gathering and Events Order that such participants are vaccinated.

- a. As the direction by order of the Provincial Health Officer (PHO), proof of vaccination is required to access some events, services and businesses. You must have at least one dose of a COVID-19 vaccine. By October 24, 2021 you must be fully vaccinated.
2. Except where they are less restrictive than the requirements of Part C.1 above, the restrictions and requirements relating to events set out in the Provincial Gathering and Events Order continue to apply.
3. A person must not permit an inside place to be used for an event, including a lifecycle event, unless the following conditions are met:
 - a. all individuals in attendance age 12 and older are vaccinated as described in Part C1 above.
 - b. no more than 50 persons, excluding any event staff, or a lesser number who can be accommodated safely as provided for in section 2 are present;
 - c. there is a COVID-19 safety plan available upon request by enforcement officers;
 - d. there is an organizer;
 - e. measures are put in place to prevent the congregation of participants outside the place;
 - f. the place is assessed for areas where participants may congregate, and measures are put in place to avoid congregation;
 - g. physical devices, markers or other methods are used to guide and assist participants in maintaining a distance of two metres from other participants, if they are not seated;
 - h. if there is a self-serve snack or non-alcoholic drink station,
 - i. hand washing facilities or alcohol-based sanitizers are within easy reach of the station,
 - ii. signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, and to maintain a two metre distance from other participants, are posted at the self-serve station, and
 - iii. high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized;
 - i. hand sanitation supplies are readily available to participants; and
 - j. washroom facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies, are available.
- 4 The organizer must monitor the number of persons present and ensure that the number of persons present does not exceed the maximum number documented in the COVID-19 safety plan.
- 5 The organizer must:
 - a. collect the first and last names and telephone number, or email address, of every patron at an event;
 - b. retain this information for thirty days, in case there is a need for contact tracing on the part of the medical health officer, in which case the information must be provided to the medical health officer; and

- c. destroy the information after thirty days.
- 6 A patron must not attend an inside event described in section 1 at which the number of patrons present is greater than the number permitted under section 2 for the event.
- 7 If an event is in a part of an inside place which is completely separated from the rest of the place,
 - a. there may be additional patrons present in other parts of the place who are not attending the event, if the total number of patrons present in the entire place does not exceed the maximum number of patrons permitted in the entire place under the COVID-19 safety plan; and
 - b. patrons at an event in one part of a place do not have contact with patrons at an event in another part of the place, except to the extent that this is unavoidable in washroom facilities.
- 8 If there is more than one premise in an inside place, there may be an event in each of the premises, if the following conditions are met:
 - a. patrons at an event do not have contact with patrons at an event in another premises in the place, except to the extent that this is unavoidable in washroom facilities; and
 - b. there is a separate entrance and exit for each of the premises in which an event is being held.
- 9 Following an event, and during an appropriate interval of time before another event commences, an owner must ensure that:
 - a. the place is cleaned, sanitized and ventilated while there are no patrons present;
 - b. there is a sufficient period of time between events to permit a place to be cleaned, sanitized and ventilated without any patrons being present; and
 - c. patrons leaving one event, do not have contact with patrons arriving for a subsequent event.
- 10 Patrons must disperse immediately after an event, and must not congregate with patrons who are leaving the event or arriving for a subsequent event.
- 11 The organizer must ensure that the COVID-19 safety plan is complied with and that the conditions and requirements in this Part are met.
- 12 If the organizer is not the owner of the inside place in which an event is held, the owner must be satisfied that the organizer is aware of the conditions and requirements in this Part and has the capacity to fulfill them.
- 13 Dance floors must be closed with physical barriers or occupied with tables, participants do not dance.
- 14 A person must not permit a place to be used for, or organize, host, officiate at, or attend an inside event, unless the conditions in this Part are met.

D. OUTSIDE EVENTS TO WHICH NO OTHER PART APPLIES

- 1 A person must not permit an outside place, to be used for, and a person must not organize, host, officiate at or attend, an outside event, including a lifecycle event, with up to 100 patrons present, excluding any event staff, unless:
 - a. all individuals in attendance age 12 and older are vaccinated as described in Part C1 above.
 - b. there is a COVID-19 safety plan available upon request by enforcement officers;
 - c. there is an organizer;
 - d. if they are not seated, patrons maintain a distance of two metres from one another, unless they reside together;
 - e. if there is a self-serve snack or non-alcoholic drink station,
 - i. hand washing facilities or alcohol-based sanitizers are within easy reach of the station,
 - ii. signs reminding patrons to wash or sanitize their hands before touching self-serve food, drink or other items, and to maintain a two metre distance from other patrons, are posted at the self-serve station, and
 - iii. high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized,
 - f. measures are taken to prevent congregation at snack or non-alcoholic drink stations, and at washroom facilities;
 - g. patrons do not congregate at food or non-alcoholic drink stations, or at washroom facilities;
 - h. hand sanitation supplies are readily available; and
 - i. patrons do not move into a fully enclosed structure at the place.
- 2 A person must not permit an outside place, to be used for, and a person must not organize, host, officiate at or attend, an outside event, including a lifecycle event, with more than 100 patrons present,:
- 3 A person must not permit a place to be used for, or organize, host, officiate at or attend an outside event, unless the conditions in this Part are met.

E. FLOW THROUGH EVENTS

“Flow through event” means an event which patrons continually move through the event over a relatively short period of time and only interact with vendors or displays and includes markets, tradeshow and car shows.

- 1 All flow through events require a COVID-19 Safety Plan, available upon request by enforcement officers.
- 2 Outdoor flow through events must limit capacity to avoid overcrowding and congregation.

- 3 Indoor flow through events are limited to 50% capacity of the venue or dedicated event space within the venue, this does not include vendors, volunteers or organizers and the capacity limit must be included in the COVID-19 Safety plan.
- 4 Vendors must sanitize their booth or display; organizers must ensure common surfaces are sanitized every 2 hours throughout the indoor or outdoor event.
- 5 All vendors and patrons must wear face coverings at indoor flow through events and face coverings are highly recommended at outdoor flow through events.

F Sports

- 1 A person may permit an inside or outside place, other than a private residence or vacation accommodation, to be used for, or may organize, provide, or participate in sport in an inside place, if the following conditions are met:
 - a. all participants age 12 and older are vaccinated as described in Part C1 above;
 - b. no more than fifty percent spectator capacity is present
 - c. there is a COVID-19 safety plan available upon request by enforcement officers
- 2 There is no limit on the number of persons who may participate in a sports event for children or youth or a sport events for high performance athletes or varsity sport.

G. Worship Services

- 1 Patrons individually may attend a place of worship for the purpose of prayer or quiet reflection
- 2 A person must not permit a place of worship to be used for, or organize, lead or participate in, a worship service inside or outside.

H. Owners and Operators of restaurants, coffee shops, cafes, cafeterias and food primary and liquor primary establishment, including pubs, bars, lounges, liquor manufacturing facilities that have tasting rooms and private clubs

- 1 Despite any lesser restrictions under the Provincial Food and Liquor Serving Premises Order, a premise as defined in this order, must not provide food or drink services inside except in compliance with Part B (Proof of Vaccination) of the Provincial Food and Liquor Serving Premises Order
 - a. Definition premise in this order include unlicensed restaurants that don't offer table service. For example, fast food, coffee shops, food courts, food trucks and takeout-only place.
- 2 A premise may provide food or drink takeout, or delivery services, subject to the following conditions:
 - a. A patron may only be inside the premises for the purposes of ordering, purchasing or collecting food or drink for takeout or delivery.

- b. A patron and staff member must be able to maintain a distance of two metres from one another, unless there is a physical barrier between them which blocks the transmission of droplets.
 - c. A patron must maintain a distance of two metres from other patrons and from staff members, unless there is a physical barrier between them which blocks the transmission of droplets.
- 3 Unless a full meal service is provided, premises which are licensed to serve liquor must close between 10:00 pm and 9:00 am the following day, and all patrons must vacate the premises. If a full meal service is provided, premises may stay open, but liquor service must not resume until 9:00 am the following day.
- 4 Premises which are licensed to serve liquor, and which do not have full meal service, must be closed.
- I. OWNERS AND OPERATORS OF LIQUOR PRIMARIES OPERATING AS NIGHTCLUBS**
- 1 No person may operate a premise as a nightclub
- 2 No person may be a patron at a premise operating as a nightclub

J. GENERAL COMPLIANCE MATTERS

Duty to Comply

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 Friday, November 19, 2021 at 11:59 pm unless rescinded earlier by myself or another Northern 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 14th day of October 2021.

Signed:



Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health

DELIVERY BY: Posting to the BC Government, BC Centre for Disease Control and Northern
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: Exclusion of aquasize from vaccine passport requirement

From: Emerson, Brian P HLTH:EX
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 18, 2021 at 12:09:24 PM Pacific Daylight Time
Hi Daniel.

This looks good and sorry for the delay in responding.

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 ^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 8, 2021 4:12 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: RE: Exclusion of aquasize from vaccine passport requirement

Hi Brian,

s.13

Daniel Naiman
Manager, Physical Activity and Health Promoting Schools
Healthy Living and Health Promotion Branch | BC Ministry of Health
Phone: 778- 572-3877 | Cell: 604-250-4607

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: September 24, 2021 2:37 PM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>

Subject: RE: Exclusion of aquasize from vaccine passport requirement

All good points Daniel, thanks for sharing your perspective. ^{s.13}
s.13

s.13

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 ^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: September 23, 2021 8:49 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: RE: Exclusion of aquasize from vaccine passport requirement

s.13; s.22

Daniel Naiman
Manager, Physical Activity and Health Promoting Schools
Healthy Living and Health Promotion Branch | BC Ministry of Health
Phone: 778- 572-3877 | Cell: 604-250-4607

From: Naiman, Daniel HLTH:EX
Sent: September 22, 2021 10:24 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: RE: Exclusion of aquasize from vaccine passport requirement

Hi Brian,

s.13

Happy to chat further if that's helpful.

• D

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

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

Sent: September 22, 2021 6:02 PM

To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>

Subject: RE: Exclusion of aquasize from vaccine passport requirement

Thanks again for this Daniel.

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 s.17 F. 250.952. 1713 brian.emerson@gov.bc.ca

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

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: September 21, 2021 10:29 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: RE: Exclusion of aquasize from vaccine passport requirement

Draft letter below

s.13; s.22

Thanks for your ongoing support,

Brian

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

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: September 21, 2021 9:56 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: RE: Exclusion of aquasize from vaccine passport requirement

Hi Bonnie.

We can work with the BC Parks and Recreation Association to push out a message^{s.13}
s.13

Daniel please draft message for my review.

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 s.17 F. 250.952. 1713
brian.emerson@gov.bc.ca

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

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: September 21, 2021 9:31 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Naiman, Daniel HLTH:EX
<Daniel.Naiman@gov.bc.ca>
Subject: FW: Exclusion of aquasize from vaccine passport requirement

This pool thing seems to be an issue for quite a few people

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

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.

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

From: s.22
Sent: September 21, 2021 9:19 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Subject: Exclusion of aquasize from vaccine passport requirement

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

Dear Dr, Henry,

I sent the following message to our MLA, s.22 on September 14. I would appreciate a response about the reasons for excluding the requirement for vaccination proof re swimming pools. I like to participate in aquafit classes which have the same kind of aerobic effects as gym activities—hard breathing, for example. Now our local pool s.22 is expanding its aquafit capacity from 30 to 50 participants without proof of vaccination. Why encourage people to get a vaccine passport if they cannot be used to promote the public's feeling of safety in pools, not only restaurants, bars, and theatres? Although it is a healthy pursuit, I cannot risk participation in aquafit with up to 50 people who are not required to be vaccinated for Covid, especially when our numbers of infection are alarming.

This the message previously sent to s.22 :

Dear s.22 ,

I am very disappointed in my experience this morning when I attended an aquafit class at ^{s.22}

This is an indoor pool and the activity is strenuous, like other fitness classes.

When I got there I was prepared to present my vaccine passport and identification. However, the receptionist said it was unnecessary because the aquafit class was not required by public health order to show vaccine passports to participate. I feel this is a betrayal of the vast majority of us who have been supporting the fight against Covid from the beginning. Why are we not allowed to have this layer of security in knowing our fellow participants have a vaccine passport? This is a discretionary activity, the same as indoor gym classes. It would be a mistake to alienate those who have followed all the rules in order to limit transmission of this illness. I'm hoping this is an oversight that will be dealt with as soon as possible. I would appreciate a response.

Regards,

s.22

Please consider this request for a review of your public health order and treat aquafit classes indoors the same as gym classes indoors. The vaccine passport is a good idea that promotes safe participation in activities.

Best regards,

s.22

Sent from my iPad

Re: Aquatics environment protocols

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: October 18, 2021 at 12:25:07 PM Pacific Daylight Time
Attachments: image001.png, image002.png

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

YAY, thanks everso, Daniel



Rebecca B Tunnacliffe, BCRPA CEO

BCRPA: Enriching individuals and their communities through the power of recreation and parks

From: "Daniel Naiman HLTH:EX" <Daniel.Naiman@gov.bc.ca>
Date: Monday, October 18, 2021 at 12:15 PM
To: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Subject: RE: Aquatics environment protocols

Hi Rebecca,

Apologies this has taken so long, but Brian is all good with this language!

• D

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Sent: October 8, 2021 9:14 AM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: Aquatics environment protocols

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

Good morning, Daniel.

s.22

s.13

Cheerio,



Rebecca B Tunnacliffe, MA

CEO

Pronouns: She/Her

BC Recreation and Parks Association

301-470 Granville Street, Vancouver, BC V6C 1V5

We are located on the ancestral, traditional, unceded lands of the xʷməθkʷəy̓əm, skwxwú7mesh, and Səlilwətaʔ/Selilwitulh Nations

rtunnacliffe@bcrpa.bc.ca Ph: 604.629.0965 ext. 226

www.bcrpa.bc.ca

BCRPA: Enriching individuals and their communities through the power of recreation and parks

RE: swimming pools

From: Emerson, Brian P HLTH:EX
To: Newhouse, Emily [FH] <Emily.Newhouse@fraserhealth.ca>
Sent: October 19, 2021 at 7:38:34 PM Pacific Daylight Time
Hi Emily.

The intent was to exempt swimming pools, including exercise in swimming pools, because of their low risk for transmission and our not wanting to unduly impair entrance to these places.

s.13

Thanks for raising this issue.

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^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Newhouse, Emily [FH] <Emily.Newhouse@fraserhealth.ca>
Sent: October 19, 2021 10:04 AM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Subject: swimming pools

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

Hi Brian,

s.13

Thanks for any clarity you can offer.

Regards,
Emily

Emily Newhouse, MD, MPH, FRCPC
Medical Health Officer
Fraser Health

Administrative assistant:
Christy Burkett
Ph: 604-587-4684
christy.burkett@fraserhealth.ca

Re: Agenda items, FHA messaging

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: November 3, 2021 at 9:25:44 AM Pacific Daylight Time
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.

I'll call you. I'm in a conference that I'll duck out of.



Rebecca B Tunnacliffe, BCRPA CEO

BCRPA: Enriching individuals and their communities through the power of recreation and parks

From: "Daniel Naiman HLTH:EX" <Daniel.Naiman@gov.bc.ca>
Date: Wednesday, November 3, 2021 at 9:19 AM
To: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Subject: RE: Agenda items, FHA messaging

Yup, works for me

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Sent: November 3, 2021 9:09 AM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: Re: Agenda items, FHA messaging

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

Good morning, Daniel.
Sure. How's 10 this morning for you?



Rebecca B Tunnacliffe, BCRPA CEO

BCRPA: Enriching individuals and their communities through the power of recreation and parks

From: "Daniel Naiman HLTH:EX" <Daniel.Naiman@gov.bc.ca>
Date: Wednesday, November 3, 2021 at 9:02 AM
To: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Subject: RE: Agenda items, FHA messaging

Hi Rebecca,

Let me know if you have a sec to connect this morning!

- D

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
Sent: November 2, 2021 10:33 AM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: Agenda items, FHA messaging

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

Good Morning, Daniel.

Yesterday, FHA circulated an interpretation of the G&E order that doesn't accord with what we've discussed. I'll forward it to you. I have two related items for the agenda that I hope will to ensure a united understanding:

s.13

Merci,



Rebecca B Tunnacliffe, MA

CEO

Pronouns: She/Her

BC Recreation and Parks Association

301-470 Granville Street, Vancouver, BC V6C 1V5

rtunnacliffe@bcrpa.bc.ca Ph: 604.629.0965 ext. 226

www.bcrpa.bc.ca

We are located on the ancestral, traditional, unceded lands of the xʷməθkʷəy̓əm, Skwxwú7mesh, and Səlilwətaʔ/Selilwitulh Nations

BCRPA: Enriching individuals and their communities through the power of recreation and parks



FW: Proof of Vaccination Checking PHO Orders Variance and Exemption Process

From: Henry, Bonnie HLTH:EX
To: Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, XT:Lambrechts, Nicola GCPE:IN <nicola@nlkstrategies.ca>, Nelson, Tiffany GCPE:EX <Tiffany.Nelson@gov.bc.ca>, Giles, Alison GCPE:EX <Alison.Giles@gov.bc.ca>
Sent: November 15, 2021 at 11:55:53 AM Pacific Standard Time
Attachments: Variance GE and FLSP Orders - November 12 2021 final.pdf, Medical Deferral Form Nov 12.pdf, Public Guidelines for Vaccine Exemptions -November 12 final.pdf, Public Form for Exemption Requests - November 12 final.docx

I am sending you these for your information and so you have an understanding of the reasons we have for not including exemptions for most reasons.

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*

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>
Sent: November 12, 2021 11:30 AM
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>; Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>; Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>; Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>; Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>; McCaffrey, Allison HLTH:EX <Allison.McCaffrey@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>; Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>; Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>; Giles, Alison GCPE:EX <Alison.Giles@gov.bc.ca>; XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>
Subject: Proof of Vaccination Checking PHO Orders Variance and Exemption Process

Good morning.

Please post the attached Variance, Guidelines, Public Form and Medical Deferral Form to the PHO webpage. Something like the following:

- Variance of Gatherings And Events & Food And Liquor Serving Premises Orders To Suspend Reconsideration re Proof of Vaccination – November 12, 2021
 - Public Guidelines for Request for Reconsideration (Exemption) Process – November 12, 2021

- Public Form for Reconsideration (Exemption) Process – November 12, 2021
- Medical Deferral Form – November 12, 2021

Of note, the “Public Form” is a Word document, as it is designed for applicants to fill out.

Also – please replace the “Medical Deferral Form – October 8, 2021” that is under the “Hospital and Community” and “Residential Care” orders with this new Medical Deferral form, which updates the email address for exemption requests.

The reason for this Variance is that it clarifies that we are not accepting requests for reconsiderations (exemptions) of the proof of vaccination checking (PoV) parts of the *Gatherings and Events* Orders *Food and Liquor Serving Premises* Orders wrt the orders that have been previously issued, except for considering requests for reconsideration based on medical deferral reasons. We had included this provision in our most recent PHO orders to this effect but there was some uncertainty as to whether that would apply retroactively to the earlier orders, which had broader request for reconsideration provisions. As such this makes it very clear that we are only accepting requests for reconsideration wrt PoV based on medical deferral reasons.

In addition, we have developed guidelines (similar to the health care worker guidelines), and a form that the public can use to make such a request. They are able to use the same medical deferral form as that being used by health care workers.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3) and (6), and 54 (1) (h) and 2, *Public Health Act*, S.B.C. 2008)

VARIANCE OF GATHERINGS AND EVENTS & FOOD AND LIQUOR SERVING PREMISES ORDERS TO SUSPEND RECONSIDERATION re PROOF OF VACCINATION – NOVEMBER 12, 2021

The *Public Health Act* is at:

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

WHEREAS:

- A. On March 17, 2020, I provided notice under section 52 (2) of the *Public Health Act* (the “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* a regional event is an emergency under section 51 of the *Act*;
- B. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Vaccination is safe, highly effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:
 - a. the vaccines available in British Columbia are highly effective, providing strong protection across all eligible age groups against infection and especially against severe illness;
 - b. most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two that is being utilized in British Columbia;
 - c. a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection alone, or natural immunity in combination with a single-dose of vaccine; and

- d. a full course of vaccine provides highly effective and durable protection from infection and in particular from severe illness resulting in hospitalization or death from the Delta variant of SARS-CoV-2, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
- E. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission, and case rates;
- F. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
- G. People who are vaccinated can be infected with SARS-CoV-2, but experience decreased severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who develop COVID-19 are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2 when compared to unvaccinated infected persons.
- H. This situation has been exacerbated by the highly transmissible Delta variant of SARS-CoV-2, which is now the dominant variant of SARS-CoV-2 circulating in British Columbia, causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but transmissibility of the Delta variant means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions going forward;
- I. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;
- J. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2, and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;

- K. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill. In particular, social mingling coupled with the consumption of alcohol, which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- L. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulating in British Columbia, including the Delta variant;
- M. Programs that require that proof of vaccination be provided in certain settings have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19, and accordingly, I have issued public health orders that, among other things, require proof of vaccination in certain settings, which orders include my September 10 and October 25, 2021 *Gatherings and Events Orders* and my September 10, 2021 and October 25 *Food and Liquor Serving Premises Orders* (collectively, the “Vaccine Card Orders”);
- N. There are difficulties and risks in accommodating persons who are unvaccinated, and in making, amending and continually reevaluating the ongoing need for the Vaccine Card Orders, I have considered and continue to consider based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission SARS-Co-2 and the severity of illness if infected;
- O. Routine COVID-19 testing of asymptomatic people is not recommended in BC and PCR testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and assisted living facilities, or in remote communities where obtaining results of PCR testing may be delayed.
- P. I have reason to believe and do believe that because unvaccinated people continue to be a significant source of viral transmission to other vaccinated and unvaccinated people, and these infections can result in serious illness, hospitalization, intensive care unit admission for care and death, particularly in elder people irrespective of vaccination status:
 - a. the continued presence of clusters and outbreaks of unvaccinated people in the population, particularly in some age groups and some communities where vaccination rates continue to be low, continues to pose a risk to the health of the population, including in particular when people congregate at gatherings and events; and

- b. the presence of unvaccinated persons in food and liquor serving premises with table service, including buffets where table service is provided, cafes, food primary and liquor primary establishments, including pubs, bars, lounges and nightclubs, manufacturing facilities that have tasting rooms with seating and private clubs;

constitutes a health hazard under the *Public Health Act* that, given the current stage of the COVID-19 pandemic in British Columbia, is best addressed through, among other measures, including the *Vaccine Card Orders*;

- Q. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population, including the Vaccine Card Orders, have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- R. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the *Charter*, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, where this is consistent with public health principles.
- S. I have weighed the health interests of participants and staff at the settings covered by the Vaccine Card Orders against the interests of persons who are not vaccinated for reasons other than medical deferral, and taken into account the fact that the proof of vaccination requirements in the Vaccine Card Orders are aimed at discretionary activities or settings for which alternative options for participation are available;
- T. I have considered the importance of protecting the health of participants and staff, the stress under which the public health and health care systems are currently operating, and the impact this is having on the provision of health care to the population, the burden which responding to more clusters and outbreaks of COVID-19 would put on the public health system, the burden which responding to more patients with serious illness would place upon an already overburdened health care system, and the risk inherent in accommodating persons who are not vaccinated;
- U. I am also mindful that the volume of requests for reconsideration of my Orders, and the time and expertise which considering them entails, has become beyond my capacity and that of my office

and team of medical health officers to manage, and is using resources which are better directed at assessing and responding to the protection of the public as a whole;

- V. After taking into consideration all the above, it is my reasonable belief that it is necessary, in the interest of protecting the public health, that I not accept requests to reconsider Parts D and E of the September 10, 2021 and October 25, 2021 *Gatherings and Events* Orders and Parts B and D of the September 10, 2021 and October 25, 2021 *Food and Liquor Serving Premises* Orders, which are directed at limiting the presence of unvaccinated people participating in the discretionary activities or present in the settings that are subject to those Orders, until the level of transmission of infection and incidence of serious disease decreases, and in particular, until the number of hospitalizations, admissions to intensive care units and deaths, and the strain on the public health and health care systems, are significantly reduced;

Accordingly, pursuant to the authority vested in me by sections 54 (1) (h) and section 39 (6), of the *Act*, I have decided not to consider requests for reconsideration by way of variance under section 43 of the *Public Health Act*, other than on the basis of a medical deferral from vaccination, **I hereby Vary my Orders to:**

1. Suspend the reconsideration of Parts D and E of the September 10, 2021 and October 25, 2021 *Gatherings and Events* Orders and Parts B and D of the September 10, 2021 and October 25, 2021 *Food and Liquor Serving Premises* Orders (which are posted at <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>) including the reconsideration of requests for reconsideration which I have received, but have not as yet considered.
2. This suspension does not apply to a request for reconsideration brought by an individual on the basis of a medical deferral to vaccination made on the basis that the health of the individual would be seriously jeopardized if the individual were to comply with the Orders set out in paragraph 1, and which request complies with the guidelines posted on the Provincial Health Officer's website (<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>).

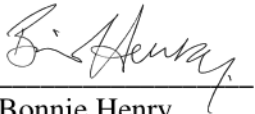
This Variance expires at 12:01 A.M. on January 31, 2022.

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 Variance.

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

DATED THIS: 12th day of November 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.

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,

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*];

(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.

**COVID-19 VACCINE**
Medical Deferral

This form can be completed only by a physician (M.D.) or nurse practitioner

LAST NAME of client	FIRST NAME of client
BIRTHDATE (YYYY/MM/DD)	PERSONAL HEALTH NUMBER

Medical reason(s) for temporary deferral (See overleaf for further information)

<input type="checkbox"/> Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80)	Refer to a qualified allergist for further management and periodic re-evaluation or consideration for desensitization
<input type="checkbox"/> Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab)	Defer for at least 90 days Expiration/ reassessment date (Month/Day/Year): _____
<input type="checkbox"/> Diagnosis of Multisystem Inflammatory Syndrome	Defer until fully recovered from illness and for 90 days after the date of diagnosis Expiration/ reassessment date (Month/Day/Year): _____
<input type="checkbox"/> Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified	Defer until further information about the risk of recurrence is available. This event is reportable to the MHO.
<input type="checkbox"/> Serious adverse event following first dose of vaccine reported to the medical health officer (MHO) and awaiting recommendation for further vaccination by a MHO.	Defer until MHO recommendation is available.
<input type="checkbox"/> Serious adverse event following first dose of vaccine not yet reported to the MHO	Complete and submit a COVID-19 vaccine adverse event report using the form located here.

I, _____, attest that proceeding with COVID-19 immunization for this
Print name of health care provider (first, last)
 individual would seriously jeopardize their health

Signature: _____

Date: _____
Month/Day/ Year

Address: _____

Phone #: _____

For more information refer to the BC Immunization Manual, **Part 4: Biological Products - COVID-19 vaccines:**
<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

Please submit this form to the Provincial Health Officer at PHOExemptions@gov.bc.ca.

It is recommended to send using a password protected email and send the password by separate email.

Personal information collected on this form is collected under the authority of Order of the Provincial Health Officer Orders and will be used by the Provincial Health Officer to determine exemptions from the Orders. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information, contact PHOExemptions@gov.bc.ca, with the subject line with the subject line "Requests for Reconsideration Questions".

November 12, 2021

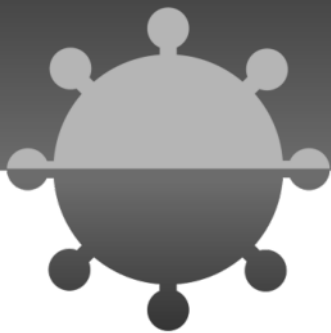
Deferrals to COVID-19 vaccination

For support of exemption requests under the Provincial Health Officer Orders

Vaccine type	Deferral
COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna) OR COVID-19 viral vector vaccine (AstraZeneca)	Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures
	Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – <i>defer for at least 90 days</i>
	Diagnosis of Multisystem Inflammatory Syndrome – <i>defer until fully recovered from illness and for 90 days after the date of diagnosis</i>
	Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – <i>defer until further information about the risk of recurrence is available. This event is reportable to the MHO.</i>
	Serious* adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Medical Health Officer
The following are NOT contraindications to COVID-19 vaccination:	
Anaphylaxis to a previous dose of mRNA or adenovirus vector vaccine that has been confirmed by a qualified allergist. Such individuals may receive their 2nd dose using vaccine of a different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
Anaphylaxis to any component of one type of vaccine that has been confirmed by a qualified allergist. Such individuals may receive vaccine of a different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
History of non-anaphylactic reaction or suspected hypersensitivity to a component of the vaccine. Such individuals may receive vaccine of a different type that does not contain the same component, or may be immunized in a clinic prepared to deal with potential hypersensitivity reactions including anaphylaxis. Such patients should be observed for an extended 30 minute monitoring period post vaccination.	
History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccine.	
History of capillary leak syndrome. Such individuals may receive mRNA vaccine.	
History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.	
Immunocompromised and those with autoimmune disorders: such individuals may respond less well to vaccines if immunocompromised but COVID-19 vaccines are not live vaccines and are safe for such individuals.	
Pregnancy: pregnant women benefit from COVID-19 vaccination. The vaccine is not contraindicated for use at any stage of pregnancy or when breastfeeding.	

* Serious AEFI are those that required urgent medical care, resulted in hospitalization, or permanent disability.

Any deferral related to an adverse event following immunization (AEFI) with COVID-19 vaccine must be reported for evaluation through the formal process for public health review and recommendations for subsequent doses.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Public Guidelines for Request for Reconsideration (Exemption) Process affected by the Provincial Health Officer Proof of Vaccination Orders¹

November 12, 2021

The Provincial Health Officer (PHO) has issued *Gatherings and Events & Food and Liquor Serving Premises Orders* under the *Public Health Act* that require individuals 12 and older to provide proof of vaccination against COVID-19 to access certain INSIDE activities or events. Implementation of these Orders is supported by the Proof of Vaccination and the BC Vaccine Card program.

The purpose of these Orders is to mitigate public health risks associated with transmission and outbreaks of the serious communicable disease known as COVID-19 by preventing and reducing the risk of infection in community settings. These orders are intended to reduce COVID-19 case rates, outbreaks, hospitalizations, critical care admissions, and deaths, protect people who cannot be vaccinated and those whose level of protection may be lowered due to age or immunocompromise, and protect our healthcare system.

For these reasons it is important that people who do not have a medical deferral be vaccinated. For those who are not yet vaccinated, alternatives to these activities or events are available, including taking out meals, exercising outdoors, or participating in an event virtually.

Under section 43 of the *Public Health Act*, a person who is subject to an Order of the Provincial Health Officer can submit a request for reconsideration (exemption) from an Order's requirements.

These guidelines provide some general principles for requests for reconsideration of these Orders. If you would like the PHO to depart from these general principles in considering your request, please explain why. If you have questions about this process, please contact the Office of the Provincial Health Officer at the contact information below, with the subject line "Requests for Reconsideration Question".

Process to submit a request for reconsideration (exemption)

Submitting an exemption request does not guarantee that you will receive an exemption.

¹ *Gatherings and Events Order and Food and Liquor Serving Premises Order*



Ministry of
Health



BC Centre for Disease Control

If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.



A request for reconsideration from a person seeking an exemption from the requirement to be vaccinated or to provide proof of vaccination should follow these guidelines and be made on the basis that the health of the person would be seriously jeopardized if the person were to comply with Order.

Exemptions will generally only be considered for one type of activity or event, or recurring activities or events, per request.

To be considered for an exemption, you will likely have had a dose of vaccine and have experienced a serious adverse event or have a pre-existing medical condition that warrants being exempted for a period of time. It is important to note that being exempted from a PHO order requirement is not equivalent to a permanent deferral from vaccination. Some people for whom a vaccination deferral has been recommended may be able to get a dose at a later date. If you have been granted an exemption to a PHO vaccination or proof of vaccination requirement, and you do get vaccinated at a later date, you should notify the PHO at the contact information below to update your exemption status.

Conditions that could warrant an exemption include ²:

1. Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures.
2. Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab).
3. Diagnosis of Multisystem Inflammatory Syndrome.
4. Medical practitioner-diagnosed myocarditis or pericarditis following the first dose of COVID-19 vaccine with no other cause identified.
5. Serious adverse event following first dose of COVID-19 vaccine awaiting recommendation for further vaccination by the medical health officer. Serious adverse events are those that required urgent medical care, resulted in hospitalization, or permanent disability.
6. Serious adverse event following first dose of vaccine not yet reported to the medical health officer.
7. Serious adverse event following a dose of vaccine and recommendation by the medical health officer to not receive further doses.

² Based on expert advice from BC Centre for Disease Control, BC public health officials, and allergy specialists.



To submit a medical exemption request, follow these directions:

For people who experienced a serious adverse reaction to COVID-19 vaccination

1. If you experienced a serious adverse reaction to a dose of vaccine that could warrant an exemption, you should have reported the reaction to the health care provider or representative of the health care organization that gave you the vaccination, and you should have received a recommendation from a medical health officer.

If you did not report the reaction, then the first step is to report that event to your health care provider or representative of the health care organization that gave you the vaccination, who needs to report the reaction to the medical health officer. You should also confirm that your health care provider reported your reaction to the medical health officer and wait for a recommendation from a medical health officer. Your health care provider should complete and submit a COVID-19 vaccine adverse event report using the form located [here](#).

2. If you have received a recommendation from a medical health officer about your reaction, or once you receive a recommendation after the reaction has been reported to a medical health officer, then send that information to the Office of the Provincial Health Officer, as described below.

For people who have a medical condition that warrants consideration of an exemption

1. You need to have a medical practitioner (a registrant of the College of Physicians and Surgeons of British Columbia) or nurse practitioner (a registrant of the British Columbia College of Nurse and Midwives) fill out [the medical deferral form](#) and give it back to you so that you can submit it to the Office of the Provincial Health Officer, as described below.
2. Your request must be accompanied by [the medical deferral form](#) supporting the request

Information to be submitted

You must submit the request package with the subject line **Request for Reconsideration about Proof of Vaccination** and the following information:

1. Your name and contact information
2. The activity(ies) or events you wish to participate in, and the date(s) and city of the activity(ies), estimated number of participants, whether you and other participants will be using a mask.



3. How you are negatively impacted by not participating in the activity or event and why alternatives to that activity (e.g., ordering food to take out, attending virtually) are insufficient, and the reasons you seek an exemption to attend in person. This information will provide officials with an understanding of your situation when they review your exemption request and consider whether the risk of infection arising from your participation in an activity or event might be safely managed.
4. If you have been informed by a medical health officer that you should not receive additional doses of a COVID-19 vaccine due to an adverse event following immunization, submit a copy of the letter from the medical health officer indicating that you should not receive additional doses of COVID-19 vaccine.
5. If needed to support an exemption request in relation to a medical condition, the COVID-19 Vaccine Medical Deferral form filled out, signed, and dated by a medical practitioner or nurse practitioner who assessed you.
6. Your preferred method of response i.e. email, mail, fax.

Submit the request by mail, fax or email to:

Office of the Provincial Health Officer
 PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
 Fax: (250) 952-1570
 Email: PHOExemptions@gov.bc.ca

Note: The PHO recommends that personal information sent using a password protected email and send the password by separate email.

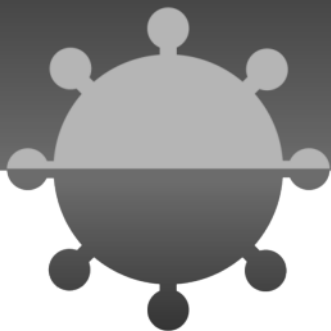
After you submit an exemption request

1. You will be notified of receipt of your exemption request.
2. If your request is incomplete, you will be contacted to provide additional information to continue the review process.
3. Your request may be assessed by the Office of the Provincial Health Officer, and/or it may be referred to the local medical health officer.
4. Once a decision has been made by the Office of the Provincial Health Officer or the local medical health officer you will be notified.



5. If an exemption is granted, you will be notified in writing of the exemption and be provided with written instructions and directions, as appropriate.
6. An exemption may contain instructions or directions about what you must do in order to reduce the risk of infection at an activity or event, you must follow those instructions or directions.
7. If you have been granted an exemption to PHO requirements, and you do get vaccinated at a later date, you should notify the PHO to update your exemption contacting the PHO as above.





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Form for Reconsideration (Exemption) Process for the Public affected by the Provincial Health Officer Proof of Vaccination Orders¹

November 12, 2021

Step One: Contact Information and Acknowledgement of Process

Name: _____

Email address: _____

By submitting this request, I acknowledge the following (check each box to confirm acknowledgement):

- ☐ The Provincial Health Officer is only considering exemptions on a medical basis.
- ☐ Submitting an exemption request does not guarantee that I will receive an exemption.
- ☐ Exemptions will generally only be considered for **one** type of activity or event, or recurring activities or events, per request.
- ☐ I have read and understand the [Public Guidelines for Request for Reconsideration \(Exemption\) Process](#) to apply for a medical deferral exemption.

Step Two: Describe the Activity or Event

Type of discretionary activity:

¹ *Gatherings and Events Order and Food and Liquor Serving Premises Order*



Date of activity or event: _____

City of activity or event: _____

Estimated number of participants at activity or event:

Participants will be wearing masks: ☐ YES ☐ NO

The activity or event is recurring (e.g., an indoor fitness class): ☐ YES ☐ NO

If yes, explain how often the activity or event recurs (e.g., weekly):

Explain how you are negatively impacted by not being permitted to participate in the activity or event in person?

Explain why alternatives to attending this activity or event in person are not sufficient:

Explain why you wish to attend this activity or event in person:



Step Three: Supporting Documentation

Your request will not be assessed unless it is accompanied with

Select **one**:

- ☐ I have been informed by a medical health officer that I should not receive additional doses of a COVID-19 vaccine at this time due to an adverse event following immunization and I am submitting a copy of the letter from the medical health officer. If I do not have a copy, I consent for the BC Centre for Disease Control to search for and share such a letter with the Office of the Provincial Health Officer.
 - ☐ I am submitting a completed [COVID-19 Vaccine Medical Deferral form](#) that has been filled out by a medical practitioner.
-

Step Four:

Submit this form and the supporting documentation request by mail, fax or email to:

Office of the Provincial Health Officer
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
Fax: (250) 952-1570
Email: PHOExemptions@gov.bc.ca

Note: The PHO recommends that personal information sent by email using a password protected email, with the password sent by separate email.



RE: Gatherings and Events PHO Order

From: Taki, Richard [VCH] <Richard.Taki@vch.ca>
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: November 17, 2021 at 1:07:23 PM Pacific Standard Time

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

Thanks for this Daniel
s.13

Richard

From: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: Wednesday, November 17, 2021 10:07 AM
To: Taki, Richard [VCH] <Richard.Taki@vch.ca>
Cc: Emerson, Brian [EXT] <Brian.Emerson@gov.bc.ca>
Subject: RE: Gatherings and Events PHO Order

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

Hi again Richard,

Apologies – just re-read your e-mail and realized you're asking if there have been any inquiries. I know Bonnie and our Patient and Client Relations folks have received a number of inquiries around pools – with some of the context being framed around pools and saunas.

s.13

Daniel Naiman

From: Taki, Richard [VCH] <Richard.Taki@vch.ca>
Sent: November 17, 2021 9:31 AM
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Subject: Re: Gatherings and Events PHO Order

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

Hi Daniel
s.13

Thanks
Richard

Sent from my iPhone

On Nov 17, 2021, at 9:15 AM, Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca> wrote:

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

Hi SSFRAC,

If you have any specific questions on the revised G&E order please send along and I'll try to compile and get an interpretation. I'll also be updating the table I sent along yesterday to include the final decisions from PHL on the outstanding issues.

Please note as well that in addition to the key changes listed in Brian's e-mail, the PoV requirement for supervisors of outdoor programs for C&Y has been removed (all of Section D only applies to inside events).

Thanks,

- D

Daniel Naiman
Manager, Physical Activity and Health Promoting Schools
Healthy Living and Health Promotion Branch | BC Ministry of Health
Phone: 778- 572-3877 | Cell: 604-250-4607

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: November 17, 2021 8:02 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Daly, Patty [VCH] <Patricia.Daly@vch.ca>; XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>; XT:HLTH Taki, Richard <Richard.Taki@vch.ca>; XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>; XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>; Kerwin, Oona <Oona.Kerwin@fraserhealth.ca>; Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>; Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>; McCaskill, Darrin WCB:EX <Darrin.McCaskill@worksafebc.com>; Harkness, Gordon WCB:EX <Gordon.Harkness@worksafebc.com>;

Lovelace, Mary WCB:EX <Mary.Lovelace@worksafebc.com>; Brocklehurst, Thomas WCB:EX <Tom.Brocklehurst@worksafebc.com>; Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>; Houle, Lisa WCB:EX <Lisa.Houle@worksafebc.com>; Gilday, Kelly TACS:EX <Kelly.Gilday@gov.bc.ca>; Docking, Christie M EDUC:EX <Christie.Docking@gov.bc.ca>; Charlene Krepiakovich <charlenek@viasport.ca>; Cole Diplock <Cole.Diplock@viha.ca>; Currie, David TACS:EX <David.Currie@gov.bc.ca>; Jared Kope <jaredk@viasport.ca>; Schneider, Amy TACS:EX <Amy.Schneider@gov.bc.ca>; Threlfall, Lia TACS:EX <Lia.Threlfall@gov.bc.ca>; Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>; Jordan Abney <Jabney@bcschoolsports.ca>; Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>; Gerlach, Randall AEST:EX <Randall.Gerlach@gov.bc.ca>; 'Tara Nault' <tnault@isparc.ca>; Todoruk, Kyle TACS:EX <Kyle.Todoruk@gov.bc.ca>; XT:HLTH Kosatsky, Tom <tom.kosatsky@bccdc.ca>; XT:Henderson, Sarah ENV:IN <Sarah.Henderson@bccdc.ca>; XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>; Benusic, Michael [VIHA] <Michael.Benusic@viha.ca>; Luttrell, Gethsemane <Gethsemane.Luttrell@VIHA.CA>; XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>; XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>; Zimmerman, Courtney <Courtney.Zimmerman@interiorhealth.ca>; Jong Kim <Jong.Kim@northernhealth.ca>; Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>; Hayer, Neelam <Neelam.Hayer@northernhealth.ca>; Corneil, Trevor <Trevor.Corneil@northernhealth.ca>; Cleaver, Dennis <Dennis.Cleaver@northernhealth.ca>; XT:Hampe, Tanis NHA:IN <Tanis.Hampe@northernhealth.ca>; Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>; XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>; Dr. Nel Wieman <Nel.Wieman@fnha.ca>; Sidaway-Wolf, Daphne HLTH:EX <Daphne.SidawayWolf@gov.bc.ca>; Sterloff, Trish HLTH:EX <Trish.Sterloff@gov.bc.ca>; Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>; Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>; Brazier, Heather M EMBC:EX <Heather.Brazier@gov.bc.ca>; Scraba, Erin H ENV:EX <Erin.Scraba@gov.bc.ca>; Winegarden, Cole PSSG:EX <Cole.Winegarden@gov.bc.ca>; Leavitt, Darlene AG:EX <Darlene.Leavitt@gov.bc.ca>; Lipp, Jamie M PSSG:EX <Jamie.Lipp@gov.bc.ca>; Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>; Starkl-Moser, Miriam MUNI:EX <Miriam.Starklmoser@gov.bc.ca>; Lakey, William PSA:EX <William.Lakey@gov.bc.ca>; Bark, Diana HLTH:EX <Diana.Bark@gov.bc.ca>; Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>; Sedun, Jeanne AEST:EX <Jeanne.Sedun@gov.bc.ca>; Tanaka, Sandra AEST:EX <Sandra.Tanaka@gov.bc.ca>; Brewster, Kevin AEST:EX <Kevin.Brewster@gov.bc.ca>

Subject: Gatherings and Events PHO Order

Good morning.

This order has been updated with the following changes and has been sent for posting to the PHO website:

- Recitations (preamble) part has been updated to reflect current situation
- Clarified that activities and events in swimming pools are exempt from the order i.e. exempt from proof of vaccination checking (PoV)
- Clarified that post-secondary students doing practicums and researchers are exempt from PoV (although those in health sciences going to care locations are still subject to the requirements of the Hospital and Community Order)
- Clarified that events in recreation centres and libraries are subject to PoV, even though local government activities are exempt
- Cross referenced this order to the November 12 Variance, and re-organized request for reconsideration provisions to further clarify that requests for exemption will only be considered if based on medical deferral reasons
- Clarified which events are subject to requirements for participants to be seated i.e. entertainment; musical; business lectures, presentation or workshops; social, including wedding and funeral receptions; and sponsored or ticketed parties;
- Continued the prohibition on dancing;
- Clarified rules wrt programs for children and youth i.e.
 - Excluded parenting programs and breast feeding programs from the definition of child and youth programs, so PoV not required for these
 - Only child and youth participants, not youth supervisors, are exempt from PoV
 - Clarified that people employed to supervise, lead or assist child and youth programs are exempt from PoV.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C ^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca
<PHO- Class Order Gatherings and Events (COVID-19) Nov. 16 - final.pdf>

RE: Northern Health Gatherings and Events MHO Order - please post

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>, Smillie, Brittany HLTH:EX <Brittany.Smillie@gov.bc.ca>, Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>, McCaffrey, Allison HLTH:EX <Allison.McCaffrey@gov.bc.ca>, Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, Giles, Alison GCPE:EX <Alison.Giles@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>, XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>
Sent: December 1, 2021 at 9:15:55 AM Pacific Standard Time
Attachments: NH Order Gatherings and Events 2021-11-30.pdf
Good morning.

Please post the attached to Medical Health Officer Orders section of the PHO website, and move the existing order to the archives.

Title is "Gatherings and Events COVID-19 Order for Northern Health Authority – November 30, 2021".

Main changes to this order are:

- The order will cover whole NH region, rather than just applying to NH east of Kitwanga
- Social gatherings at inside private residence increased to 10 max, from 5 max
- Social inside events subject to seating requirements and proof of vaccination checking now include funeral and wedding ceremonies
- Inside events must now be all seated events, except flow through events
- Inside sports events as well as theatre events now allow 50% capacity, rather than different restrictions for each
- Worship service in-person gatherings prohibition is continued, but drive-in attendance allowed
- The order is set to expire January 31

A comparison of the NH order to the PHO order is at
https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/orders/documents/nh-pho-order-comparison.pdf

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

ORDER OF THE MEDICAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39, 54, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

GATHERINGS AND EVENTS – NOVEMBER 30, 2021

The *Public Health Act* is at:

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

(excerpts enclosed)

- TO: OWNERS AND OPERATORS OF PLACES IN NORTHERN HEALTH**
- TO: PERSONS WHO ORGANIZE EVENTS IN NORTHERN HEALTH**
- TO: PERSONS WHO ATTEND EVENTS IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF PRIVATE RESIDENCES IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF VACATION ACCOMMODATION IN NORTHERN HEALTH**
- TO: OWNERS AND OPERATORS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS IN NORTHERN HEALTH**
- TO: PATRONS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS IN NORTHERN HEALTH**
- TO: OWNERS, OPERATORS, LEADERS, AND PATRONS OF PLACES OF WORSHIP IN NORTHERN HEALTH**
- TO: MEDICAL HEALTH OFFICERS**
- WHEREAS:**

In the matter of an ORDER made pursuant to Part 4 Division 4 of the *British Columbia Public Health Act*, I, **Dr. Jong Kim**, Chief Medical Health Officer, Northern Health Authority, **Fort St. John, BC**, am of the opinion that a Public Health Hazard exists in the Northern 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. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Social interactions and close contact between people are associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- D. People spending time together indoors 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;
- E. Gatherings and events in private residences, vacation accommodation, worship services and other places continue to pose a risk of promoting the transmission of SARS-CoV-2 and increasing the number of people who develop COVID-19 and become seriously ill;
- F. There has been an increase in the number of persons infected with COVID-19, in the Northern Health Authority, (hereinafter collectively referred to as the “Affected Area” or “Northern Health”);
- G. Vaccination is safe, highly effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:
 - a. the vaccines available in British Columbia are highly effective, providing strong protection across all eligible age groups against infection and especially against severe illness;
 - b. most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two that is being utilized in British Columbia;
 - c. a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection alone, or natural immunity in combination with a single-dose of vaccine; and
 - d. a full course of vaccine provides highly effective and durable protection from infection and in particular from severe illness resulting in hospitalization or death from the Delta

variant with COVID-19, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.

- H. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
- I. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission, case rates;
- J. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
- K. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who contract COVID-19 are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2, when compared to unvaccinated infected persons;
- L. This situation has been exacerbated by the highly transmissible Delta variant of SARS-CoV-2, which is now the dominant variant of SARS-CoV-2 circulating in British Columbia, causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but the transmissibility of the Delta variant means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions;
- M. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;
- N. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2,

and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;

- O. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than in those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection. It does so by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulating in British Columbia, including the Delta variant;
- P. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- Q. Included among the members of the community who are more likely to be infected are children aged 5 to 11 years. It will take some time before they can be fully vaccinated, and children below the age of 5 will remain unprotected from infection until a vaccine is available for them;
- R. Adults and children who are either particularly vulnerable to infection with SARS-CoV-2 or too young to be immunized depend upon the people with whom they come into contact to protect them from the risk of infection;
- S. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill; in particular, social mingling coupled with the consumption of alcohol, which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2;
- T. Gatherings and events which involve large numbers of people continue to pose a risk of promoting the transmission of SARS-CoV-2, and increasing the number of people who develop COVID-19 and become seriously ill;
- U. Programs that require that proof of vaccination be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19;
- V. There are difficulties and risks in accommodating persons who are unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-CoV-2, and the likelihood of severe illness and death;
- W. I have considered and continue to consider based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission SARS-CoV-2 and or the severity of illness if infected;
- X. Routine COVID-19 testing of asymptomatic people is not recommended in BC and PCR

testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and assisted living facilities, or in remote or rural communities where obtaining results of PCR testing may be delayed;

- Y. There are clear, objective criteria for determining whether a person has a medical deferral to a COVID-19 vaccination, and very few people fall into this category;
- Z. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- AA. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- BB. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the *Charter*, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, where this is consistent with public health principles. In consequence, I am not prohibiting outdoor assemblies for the purpose of communicating a position on a matter of public interest or controversy, subject to my expectation that persons organizing or attending such an assembly will take the steps and put in place the measures recommended in the guidelines posted on my website in order to limit the risk of transmission of COVID-19;
- CC. In addition, I recognize the interests protected by the *Human Rights Code*, and have taken these into consideration when exercising my powers to protect the health interests of members of the public from the risk created by being in contact with unvaccinated persons

in gatherings and events;

DD. This Order does not apply to a council, board, or trust committee of a local authority as defined under the *Community Charter*, or the *Local Government Act*, or a school board; the distribution of food or other supplies to people in need; health or social services provided to people in need, such as warming or cooling centres; swimming and activities in swimming pools; fitness facilities which are located in a workplace for the benefit of workers, in a residential building for the benefit of residents, in a hotel for the benefit of guests; rehabilitation or exercise therapy programs; health care related events, including immunization clinics, COVID-19 testing centres and blood donation clinics; drug and alcohol support group meetings; court sittings wherever they occur; workers at a workplace when engaged in their work activities, including staff meetings; work camps; before, during or after school programs for students of public or independent schools (schools) organized by a school; home education or distributed learning activities; educational activities, including a practicum or research, involving students or researchers of post-secondary institutions in any location when provided or arranged by a post-secondary institution; language courses; employment related training; the use of any place for local, provincial or federal government purposes; services provided by or on behalf of any level of government, other than events, as defined in the Order, provided inside by or on behalf of a recreation centre or a library; food or liquor serving premises which are located in airports, or at BC Ferries terminals or on BC Ferries;

EE. Part B, section 15, and Part C, section 18, do not apply to the Province as owner of a place;

FF. I have reason to believe and do believe that

- a. the continued presence of large numbers of unvaccinated people in the population, particularly in some age groups and some communities where vaccination rates continue to be low, continues to pose a risk to the health of the population, and constitutes a health hazard. This is because unvaccinated people can be the source of viral transmission to other unvaccinated people, and also to vaccinated people who are not completely immune consequent to their vaccination, either because of a reduced immune response or only having had one dose of vaccine. These infections can result in serious illness, hospitalization, intensive care unit admission for care and death.
- b. it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 54, 67 (2) and 69 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 NORTHERN HEALTH, THIS ORDER IS ISSUED FURTHER TO THE PROVINCIAL HEALTH OFFICER'S GATHERINGS AND EVENTS ORDER, DATED NOVEMBER 16, 2021 (THE "PROVINCIAL GATHERINGS AND EVENTS ORDER"), FACE COVERINGS (COVID-19) ORDER, DATED OCTOBER 29, 2021 (THE "PROVINCIAL FACE COVERING ORDER") AND FOOD AND LIQUOR SERVING PREMISES ORDER, DATED OCTOBER 25, 2021 (THE "PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER") AS AMENDED FROM TIME TO TIME, AND, ON

PUBLICATION OF THIS ORDER ON THE PROVINCIAL HEALTH OFFICER'S WEBSITE, THIS ORDER IS INCORPORATED INTO THE PROVINCIAL GATHERINGS AND EVENTS ORDER.

A CONTRAVENTION OF THIS ORDER IS A CONTRAVENTION OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE "PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER TO THE EXTENT THAT THE PROVISIONS OF THIS ORDER ARE INCONSISTENT WITH THE PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER, THE PROVISIONS OF THIS ORDER SUPERSEDE THE INCONSISTENT PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER FOR THE AFFECTED AREA.

THIS ORDER IS LIMITED IN APPLICATION TO THE AFFECTED AREA, NORTHERN HEALTH.

THIS ORDER

- A. REPEALS AND REPLACES MY ORDER MADE ON NOVEMBER 18, 2021, WITH RESPECT TO *GATHERINGS AND EVENTS*,**
- B. ENTERS INTO FORCE AT 12:01 AM ON DECEMBER 1, 2021**

DEFINITIONS:

"adult" means a person 19 years of age or older;

"COVID-19 safety plan" means Northern Health Event Covid-19 Safety Plan and refers to an enhanced safety plan for COVID-19, based on the Northern Health's event COVID-19 safety plan template (https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/coronavirus/documents/covid-19-event-safety-plan.pdf)

"event" means a gathering of persons for a purpose;

"exemption" means a variance issued to a person under the *Public Health Act* on the basis of a medical deferral to a vaccination with respect to an event or type of event;

"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;
- (c) but does not include a clear plastic face shield

"flow through event" means an inside or outside event which patrons continually move through the event over a relatively short period of time and only interact with vendors or displays and includes markets, tradeshow and car shows.

"inside event" means

- (a) a gathering of more than 10 participants in an inside place for one of the following purposes:
 - (i) entertainment, including a theatrical production or dance performance;
 - (ii) musical, including a concert or symphony performance;
 - (iii) business, but limited to a lecture, presentation or workshop;
 - (iv) social, including a wedding ceremony, wedding reception, funeral, funeral reception not held at a funeral home, or a sponsored or ticketed party;
 - (v) a sports event in an inside place;
- (b) a gathering of more than 10 participants in an inside place for one of the following purposes
 - (i) a business purpose not described in (a), and including a conference, convention, commercial trade fair or home show;
 - (ii) choral;
 - (iii) gambling;
 - (iv) recreational education or classes, including arts, crafts, music, photography, culture, or travel education or classes
- (c) a gathering of any number of participants in an inside place for the purpose of an adult sports activity, an adult exercise or fitness activity or class, or an adult dance class;
- (d) a program for children or youth in an inside place;
- (e) does not include a flow-through event.

“organizer” means the person responsible for organizing an event;

“outside” does not include in a vehicle containing persons who reside in the same private residence.

“outside event” means

- (a) an organized gathering of more than 25 participants in an outside place, for one of the following purposes:
 - (i) entertainment, including a theatrical production or dance performance;

- (ii) musical, including a concert or symphony performance;
 - (iii) business, but limited to a lecture, presentation, or workshop
 - (iv) social, including a wedding reception, funeral reception not held at a funeral home, or a sponsored or ticketed party;
 - (v) a sports event in an outside place;
- (b) an organized gathering of more than 25 participants in an outside place for one of the following purposes:
- (i) a business purpose including a conference, convention, commercial trade fair or home show;
 - (ii) choral;
 - (iii) gambling;
 - (iv) recreational education or classes, including arts, crafts, music, photography, culture, or travel education or classes
 - (v) a gathering of any number of participants in an outside place for the purpose of an adult sports activity, an adult exercise or fitness activity or class, or an adult dance class;
- (c) does not include a flow-through event.

“participant” means a person present at an event including a spectator, but does not include an organizer, event staff member, official, volunteer, officiant, or any other person who is acting in an official or service capacity, or a paid performer, player or athlete;

“patron” means a participant;

“person” does not include the Province;

“photo identification” means one of the following:

- (a) a photo BC Services Card within the meaning of the Identification Card regulation;
- (b) a temporary or permanent driver’s licence, issued by a government of a province of Canada;
- (c) a certificate of Indian Status;

- (d) a Métis Nation British Columbia citizenship and identification card;
- (e) a passport attesting to citizenship or other national status, issued by a government of any jurisdiction and including a photograph of the holder;
- (f) another form of identification, issued by a government of any jurisdiction, including a photograph of the holder;
- (g) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder;

“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>;

“place” means a venue, other than a private residence or vacation accommodation, and includes a hotel ballroom or conference room, a banquet hall, conference hall, auditorium, recreation centre, theatre, movie theatre, multi-movie theatre complex, casino, work-out gym, exercise or dance facility or studio, recreational facility arena, stadium, vacation accommodation, or a tent;

“premises” refers to restaurants, coffee shops, cafes, cafeterias and food primary and liquor primary establishment, including pubs, bars, lounges, liquor manufacturing faculties that have tasting rooms, private clubs and unlicensed restaurants that don't offer table service such as fast food, coffee shops, food courts, food trucks and takeout.

“program for children or youth” means a structured educational program not provided by a school, including music, art, drama, dance, recreational, sport, exercise, or social activity and provided primarily for persons under 22 years of age, but not including parenting programs or breast feeding programs;

“proof of vaccination” means

- (a) in the case of a person who is more than 18 years of age, photo identification and a vaccine card;
- (b) in the case of a person who is 18 years of age or younger, a vaccine card;

“social gathering” means a gathering of one or more individuals at a private residence or vacation accommodation for social or recreational purposes;

“tent” includes a marquee;

“vacation accommodation” means a house, townhouse, cottage, cabin, apartment, condominium, mobile home, recreational vehicle, hotel suite, tent, yurt, houseboat or any other type of living accommodation, and any associated deck, patio, garden or yard, in which a person is residing, but which is not the person’s primary residence;

“vaccinated” means to have received, all doses of a vaccine or a combination of vaccines as recommended by

- (a) the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- (b) the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

“vaccine” means a vaccine intended for use in humans against SARS-CoV-2;

“vaccine card” means proof in one of the following forms that the holder is vaccinated:

- (a) electronic proof or a printed copy of an electronic proof,
 - (i) issued by the government in the form of a QR code, accessible through the Health Gateway online platform, and
 - (ii) showing the name of the holder;
- (b) proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders of the provincial health officer made under the *Public Health Act*;
- (c) proof, whether electronic or in writing, issued
 - (i) by the government of Canada or of a province of Canada, and
 - (ii) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;

“variance” means the *Variance of Gatherings and Events & Food and Liquor Serving Premises Orders to Suspend Reconsideration re Proof of Vaccination – November 12, 2021*.

“worship service” includes bible study, choir and other gathering for the purpose of worship. It does not include a wedding, baptism, or funeral.

A. SOCIAL GATHERINGS AT PRIVATE RESIDENCES AND VACATION ACCOMMODATION

1. A person must not organize, host, or attend a social gathering inside a private residence or vacation accommodation unless:
 - (a) all individuals in attendance age 12 and older are vaccinated;
 - (b) the occupants of not more than one other private residence or vacation accommodation, and any event staff, are present in addition to the occupants; or
 - (c) up to a maximum of 10 people, including any event staff, are present in addition to the occupants.
2. A person must not organize, host or attend, an event outside a private residence or vacation accommodation, including on a deck, patio, garden, or yard unless:
 - (a) all individuals in attendance age 12 and older are vaccinated;
 - (b) hand sanitation supplies are readily available;
 - (c) up to a maximum of 25 people, including any event staff, are present in addition to the occupants;
 - (d) no person who is attending the event and who is not an occupant goes inside, except for the purpose of using the washroom facilities, or the kitchen in the case of event staff
3. The owner of vacation accommodation must require any tenant, guest or other person using the vacation accommodation to comply with the requirements in this Part A.

B. EVENTS

1. A person must not permit a place to be used for, organize, or be present at an event, except in compliance with this Order.
2. For certainty,
 - (a) an event held in a tent with one or more sides is an inside event; and
 - (b) an event held in a tent without any sides is an outside event.

C. OUTSIDE EVENTS

1. A person may permit a place to be used for, or may organize or be present at an outside event, if the provisions of this Part and Part I (Proof of vaccination) are complied with.
2. Proof of vaccination required in accordance with Section I (Proof of vaccination).

3. There is an organizer.
4. Access to the event is controlled.
5. A person must not permit a place to be used for or must not organize an outside event with a purpose described paragraph (a) of the definition of an “outside event” unless the event is held as a seated outside event.
6. A person must not participate in an outside event
 - (a) with a purpose described in paragraph (a) of the definition of an “outside event”, unless the event is held as a seated outside event; or
 - (b) held as a standing event, if the purpose of the event is described in paragraph (b) of the definition of “outside event”.
7. If the event is described in paragraph (a) of the definition of “outside event”
 - (a) there must be a seat available for each participant;
 - (b) No more than 50% of the seated operating capacity of a place, excluding event staff, are present for a seated outside event.
 - (c) participants must be seated throughout the place in such a way as to use all available space;
 - (d) For venues with no specified operating capacity, participants must be seated throughout the place in such a way as to use all available space and provide 2 metres separation between participants not from the same household.
 - (e) participants must be seated throughout the event, except
 - (i) to use a food or drink station;
 - (ii) to use washroom facilities;
 - (iii) to move to another seat;
 - (iv) to provide assistance to another person who requires care or first aid;
 - (v) to leave or return to the premises.
8. If the event is described in paragraph (b) of the definition of “outside event”
 - (a) No more than 50% of the operating capacity of a place, excluding event staff, are present for an outside event.

- (b) For those places that do not have an official operating capacity, participants maintain a distance of two metres from one another, unless they reside together
9. If there is a food or drink station,
 - (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;
 - (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
 10. Hand sanitation supplies are readily available to participants.
 11. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies, are available for participants.
 12. The organizer monitors the number of participants present, and ensures that the number of participants present does not exceed 50 % of the maximum capacity of the venue. If they are not seated, the organizer ensures that participants maintain a distance of two metres from one another.
 13. A participant must not attend an event at which there are more participants present than are permitted in this Part, and must not enter a place, or must leave a place, if so directed by the organizer or a member of staff.
 14. A participant must comply with the requirements in this Part, and with measures, or guidance or directions from the organizer or a member of staff, intended to avoid the congregation of participants.
 15. If an event is held in part of a place which is completely separated from the rest of the place, additional persons who are not attending the event may be present in other parts of the place.
 16. If there is more than one area in which events may be held in a place, there may be an event in each of the areas.
 17. If the organizer is not the owner or occupant of the place in which an outside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part, and has the capacity to fulfill them.
 18. COVID-19 safety Plan required, available upon request by enforcement officers

D. INSIDE EVENTS

1. A person may permit a place to be used for or may organize or be present at an inside event, if the provisions of this Part and Part I (Proof of vaccination) are complied with.
2. A person must not permit a place to be used for or must not organize an inside event with a purpose described in paragraph (a) of the definition of an “inside event” unless the event is held as a seated inside event.
3. A person must not participate in an inside event
 - (a) with a purpose described in paragraph (a) of the definition of an “inside event”, unless the event is held as a seated inside event; or
 - (b) held as a standing event, if the purpose of the event is described in paragraph (a) of the definition of “inside event.
4. Up to 50% of the seated operating capacity of a place may be used for the purpose of a seated inside event.
5. Proof of vaccination required in accordance with Section I (Proof of vaccination)
6. There is an organizer.
7. Access to the event is controlled.
8. If the event is described in paragraph (a) of the definition of “inside event”
 - (a) there must be a seat available for each participant;
 - (b) participants must be seated throughout the place in such a way as to use all available space;
 - (c) participants must be seated throughout the event, except
 - (i) to use a food or drink station;
 - (ii) to use washroom facilities;
 - (iii) to move to another seat;
 - (iv) to provide assistance to another person who requires care or first aid;
 - (v) to leave or return to the premises.
9. If there is a food or drink station,
 - (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;

- (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
10. Hand sanitation supplies are readily available to participants.
 11. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes or hand sanitation supplies are available for participants.
 12. Subject to further direction from me, posted on the Provincial Health Officer's website, dance floors are closed with physical barriers or occupied with tables, unless they are being used for a dance performance.
 13. A participant must comply with the requirements in this Part and in Part D, and with measures, or guidance or directions from the organizer or a member of staff, intended to avoid the congregation of participants.
 14. Subject to further direction from me, posted on the Provincial Health Officer's website, participants do not dance, unless they are performing at an event, registered participants in and attending at a dance class at a dance studio, or a child or youth participating in a program for children or youth.
 15. If there is more than one area in a place in which events may be held, there may be an event in each of the areas.
 16. If the organizer is not the owner or occupant of the place in which an inside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part and Part I, and has the capacity to fulfill them.
 17. COVID-19 safety plan required, available upon request by enforcement officers.

E. FLOW THROUGH EVENTS

1. All flow through events require a COVID-19 safety plan, available upon request by enforcement officers.
2. Outdoor flow through events must limit capacity, and facilitate movement of patrons through the venue to avoid overcrowding and congregation.
3. Indoor flow through events are limited to 50% capacity of the venue or dedicated event space within the venue. This does not include vendors, volunteers or organizers and the capacity limit must be included in the COVID-19 safety plan.
4. Vendors must sanitize their booth or display; organizers must ensure common surfaces are sanitized every 2 hours throughout the indoor or outdoor event.

5. All vendors and participants must wear face coverings at indoor flow through events and face coverings are highly recommended at outdoor flow through events.

F. WORSHIP SERVICES

1. Patrons individually may attend a place of worship for the purpose of prayer or quiet reflection
2. A person must not permit a place of worship to be used for, or organize, lead or participate in, a worship service inside or outside.
3. Virtual worship service or drive-in service may be provided.
 - (a) If a drive-in service is held, patrons must only attend with members of their household and remain in the vehicle for the duration of the service.
4. A participant must not gather with other participants during, before or after a virtual worship service.

G. OWNERS AND OPERATORS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

1. Despite any lesser restrictions under the Provincial Food and Liquor Serving Premises Order, a premises as defined in this order, must not provide food or drink services inside except in compliance with Part B (Proof of Vaccination) of the Provincial Food and Liquor Serving Premises Order
 - (a) Definition of premises in this order includes unlicensed restaurants that don't offer table service. For example, fast food, coffee shops, food courts, food trucks and takeout-only place.
2. A premises may provide food or drink takeout, or delivery services without requiring proof of vaccination, subject to the following conditions:
 - (a) A patron may only be inside the premises for the purposes of ordering, purchasing or collecting food or drink for takeout or delivery.
 - (b) A patron and staff member must be able to maintain a distance of two metres from one another, unless there is a physical barrier between them which blocks the transmission of droplets.

- (c) A patron must maintain a distance of two metres from other patrons and from staff members, unless there is a physical barrier between them.
- 3. Premises which are licensed to serve liquor, and which do not have full meal service, must be closed.
- 4. Liquor manufacturing facilities with tasting rooms without full meal service, may stay open, but liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.
- 5. If a full meal service is provided, premises may stay open, but liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.

H. OWNERS AND OPERATORS OF LIQUOR PRIMARIES OPERATING AS NIGHTCLUBS

- 1. No person may operate a premises as a nightclub
- 2. No person may be a patron at a premises operating as a nightclub

I. PROOF OF VACCINATION

- 1. This Part applies to inside and outside events.
- 2. This Part does not apply to
 - (a) a person under 12 years of age, or
 - (b) a person 12 to 21 years of age who is participating in a program for children or youth.
- 3. Sections 8 and 9 do not apply to a person who is employed to lead, supervise or assist with a program for children or youth.
- 4. The following requirements apply with respect to an inside event:
 - (a) An organizer must obtain proof in the form of a vaccine card that a participant has received two doses of vaccine.
 - (b) A participant must provide an organizer with proof in the form of a vaccine card of having received two doses of vaccine.

- (c) An organizer must not permit a participant who has not provided the organizer with proof in the form of a vaccine card of having received two doses of vaccine to enter or remain a place for the purpose of an event or to participate in an event.
 - (d) A participant who has not provided an organizer with proof in the form of a vaccine card of having received two doses of vaccine must not enter or remain in a place for the purpose of an event or participate in an event.
 - (e) If an event takes place on more than one day, the requirements in this section apply on each of those days.
5. An operator must not scan the QR code on a vaccine card with any tool other than a BC Vaccine Card Verifier App.
 6. Subject to section 7, an organizer must not retain proof of vaccination or identification provided by a participant, or use it for any purpose other than to confirm that a participant has been vaccinated, as required by this Order.
 7. Despite section 6, with the written consent of a participant, an organizer may keep a record of the fact that the participant has provided proof of being vaccinated in compliance with this Part until this Order expires or is repealed, and the organizer may rely upon this record to satisfy the requirements in this Part with respect to future participation by the participant in an event at the same place.
 8. A person, including a parent, must have received two doses of vaccine, if the person is
 - (a) leading, supervising or assisting with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, but not including if the person is employed for this purpose, or
 - (b) required to be present with a child or youth at a program for children or youth,
 9. A person who has not received two doses of vaccine must not
 - (a) lead, supervise or assist with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, but not including if the person is employed for this purpose, or
 - (b) be present with a child or youth at a program for children or youth.
 10. Section 3 applies with respect to persons to whom section 8 applies.

This Order expires at 11:59 PM on January 31, 2022.

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 Act, I will not be accepting requests for reconsideration of this

Order. For clarity, requests for reconsideration from proof of vaccination requirements under the Provincial Gathering and Events Order may be made as specified in the Provincial Gathering and Events 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. Jong Kim, Chief Medical Health Officer
600-299 Victoria Street, Prince George, BC V2L 5B8
Email: Jong.Kim@northernhealth.ca

DATED THIS: 30th day of November 2021



SIGNED:

Dr. Jong Kim, MD, MSC, FRCPC
Chief Medical Health Officer
Northern Health

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

Enclosure: Excerpts of the *Public Health 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.

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.

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*];

RE: Worship Services and PHO Orders for Consultation

From: Girn, Naveen PREM:EX <Naveen.Girn@gov.bc.ca>
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, MacDonald, Alex HLTH:EX <Alex.MacDonald@gov.bc.ca>
Cc: Robert Daum <robert_daum@sfu.ca>, Michelle Bested <mbested@sfu.ca>
Sent: December 1, 2021 at 10:06:46 PM Pacific Standard Time

Hello Dr. Emerson,

Unfortunately our contract with Dr. Daum, Michelle Bested, and the team at SFU Centre for Dialogue ended earlier this year. Their work was invaluable in providing insights and new perspectives to Dr. Henry and her team at the PHO. Their guidance was instrumental in crafting orders that reflected the diverse needs of faith communities across the province and it is deeply appreciated.

Perhaps we can touch base prior to the Friday and the next province wide consultation.

Best wishes,
Naveen Girn

Naveen Girn
Director of Strategic Outreach & Stakeholder Relations
Office of the Premier | Government of British Columbia
740 – 999 Canada Place, Vancouver, BC V6C 3E1 | 250.812.5295
E-mail: naveen.girn@gov.bc.ca

Pronouns: he, him, his

The City of Vancouver is located on the unceded territories of the xmkym (Musqueam), Swxwú7mesh (Squamish), and Selílwlutlh (Tsleil-Waututh) Nations.

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From: Robert Daum
Sent: Wednesday, December 1, 2021 7:04:13 PM
To: Emerson, Brian P HLTH:EX
Cc: Michelle Bested; Miller, Haley HLTH:EX; Henry, Bonnie HLTH:EX
Subject: Re: Worship Services and PHO Orders for Consultation

Dear Dr. Emerson,

Thank you for reaching out. We will be in touch tomorrow morning.

Respectfully,

Robert

Robert A. Daum, PhD

Fellow, Equity, Diversity, Inclusion & Decolonization | Morris J. Wosk Centre for Dialogue Simon Fraser University |
Harbour Centre 3300
515 West Hastings Street, Vancouver, BC V6B 5K3
M: 778.987.2918 |

<https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sfu.ca%2Fdialogue&data=04%7C01%7CNaveen.Girn%40gov.bc.ca%7Ccb3ae45347774839058008d9b546e07f%7C6fdb52003d0d4a8ab036d3685e359adc%7C0%7C0%7C637740138284347440%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=CUo9KqsGsFDliNeU32DtBXP6GZNT2EKEEckRiAQPI%2BM%3D&reserved=0>

pronouns: he/him

https://can01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.sfu.ca%2Fcontent%2Fsfu%2Fcommunicators-toolkit%2Ftools%2Fbrand-tools%2Fon-brand-templates%2Femail-signature%2Fjcr%3Acontent%2Fmain_content%2Fimage_0.img.2000.high.png%2F1527873607206.png&data=04%7C01%7CNaveen.Girn%40gov.bc.ca%7Ccb3ae45347774839058008d9b546e07f%7C6fdb52003d0d4a8ab036d3685e359adc%7C0%7C0%7C637740138284347440%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=CQtB4SS9AowR%2FQjjDrPkcmP30IHNMp%2F4f2iD0eP1W1A%3D&reserved=0

I respectfully acknowledge that I live and work on the unceded traditional territories of the xmkwym (Musqueam), Skwxwú7mesh (Squamish), Slílwta (Tsleil-Waututh), qicy (Katzie), kikm (Kwkwetlem), qa:nn (Kwantlen) Nations and other Coast Salish Peoples.

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: December 1, 2021 5:49:11 PM
To: Robert Daum
Cc: Michelle Bested; Miller, Haley HLTH:EX; Henry, Bonnie HLTH:EX
Subject: Worship Services and PHO Orders for Consultation

Dear Dr. Daum

Thank you for your assistance in helping ensure the PHO orders are supportive of religious communities.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria,
BC V8W 9P1

T 250.952.1701 C^{s.17}

F. 250.952. 1713 brian.emerson@gov.bc.ca<mailto:brian.emerson@gov.bc.ca>

Re: Revised G&E Order - seated spectators

From: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>
To: Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>
Sent: December 3, 2021 at 10:22:31 AM Pacific Standard Time
Attachments: image001.png

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

Good morning, Daniel.

s.13



Rebecca B Tunnacliffe, BCRPA CEO

BCRPA: Enriching individuals and their communities through the power of recreation and parks

From: "Daniel Naiman HLTH:EX" <Daniel.Naiman@gov.bc.ca>
Date: Friday, December 3, 2021 at 10:06 AM
To: Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>, Jared Kope <jaredk@viasport.ca>
Subject: Revised G&E Order - seated spectators

Hi Rebecca and Jared,

There is a revised version of G&E order that's just in final review stages and may come out as early as this afternoon. Mostly this version is just cleaning up some confusing pieces and adding in some new stipulations for worship services.

s.13

Thanks,

• D

Daniel Naiman

Manager, Physical Activity and Health Promoting Schools

Healthy Living and Health Promotion Branch | BC Ministry of Health

Phone: 778- 572-3877 | Cell: 604-250-4607

e-mail: Daniel.Naiman@gov.bc.ca

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Page 247 of 475 to/à Page 260 of 475

Withheld pursuant to/removed as

s.13

RE: REQUEST: NEW NH Regional Order - to be posted for 2 pm

From: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>
To: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: XT:Collins, Eryn FIN:IN <Eryn.Collins@northernhealth.ca>
Sent: December 8, 2021 at 3:33:46 PM Pacific Standard Time
Attachments: NH Gatherings and Events Order (COVID-19) 2021-12-09.pdf

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

Hello all –

Please see attached the updated order for release and posting tomorrow.

Melanie Robbestad (*she/her/hers*)
Executive Assistant to the Chief Medical Health Officer
And the Vice President, Population & Public Health
Northern Health
Tel: 250.645.3133, local 503133
Cell: 250.640.6357 (*please use this number*)

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
Sent: Wednesday, December 08, 2021 2:28 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Collins, Eryn [NH] <Eryn.Collins@northernhealth.ca>
Subject: RE: REQUEST: NEW NH Regional Order - to be posted for 2 pm

Thanks Bonnie, we will update our plan to release tomorrow.

Jong

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: Wednesday, December 08, 2021 3:18 PM
To: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; Collins, Eryn [NH] <Eryn.Collins@northernhealth.ca>
Subject: RE: REQUEST: NEW NH Regional Order - to be posted for 2 pm
Importance: High

Could we please do this tomorrow at 2? I need to run the Minister and others through details and have not had the chance to do that yet. Can we plan for all posting and news release going at 2 tomorrow.

Thanks you
Bonnie

Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
Mailing address:
PO Box 9648, STN PROV GOVT

Victoria, BC
V8W 9P4

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: Robbestad, Melanie [NH] <Melanie.Robbestad@northernhealth.ca>
Sent: December 8, 2021 12:50 PM
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>; XT:Collins, Eryn FIN:IN <Eryn.Collins@northernhealth.ca>
Subject: REQUEST: NEW NH Regional Order - to be posted for 2 pm

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

Hi Drs. Emerson and Henry –

Please see attached the new NH Regional Order for posting on the PHO site at 3:00 pm or shortly thereafter. We will be releasing to the media as soon as we have approval from GCPE, and are thinking that may be closer to 2:30 pm, so would like to do that prior to having it posted on your website.

If you have any questions or require any further information, please let me know.

Thanks,
Melanie Robbestad (*she/her/hers*)
Executive Assistant to the Chief Medical Health Officer
And the Vice President, Population & Public Health
Northern Health
Tel: 250.645.3133, local 503133
Cell: 250.640.6357 (*please use this number*)

ORDER OF THE MEDICAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39, 54, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

GATHERINGS AND EVENTS – DECEMBER 9, 2021

The *Public Health Act* is at:

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

- TO: OWNERS AND OPERATORS OF PLACES IN NORTHERN HEALTH**
- TO: PERSONS WHO ORGANIZE EVENTS IN NORTHERN HEALTH**
- TO: PERSONS WHO ATTEND EVENTS IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF PRIVATE RESIDENCES IN NORTHERN HEALTH**
- TO: OWNERS AND OCCUPANTS OF VACATION ACCOMMODATION IN NORTHERN HEALTH**
- TO: OWNERS AND OPERATORS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS IN NORTHERN HEALTH**
- TO: PATRONS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS IN NORTHERN HEALTH**
- TO: OWNERS, OPERATORS, LEADERS, AND PATRONS OF PLACES OF WORSHIP IN NORTHERN HEALTH**
- TO: MEDICAL HEALTH OFFICERS**

WHEREAS:

In the matter of an ORDER made pursuant to Part 4 Division 4 of the *British Columbia Public Health Act*, I, **Dr. Jong Kim**, Chief Medical Health Officer, Northern Health Authority, **Fort St. John, BC**, am of the opinion that a Public Health Hazard exists in the Northern 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. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Social interactions and close contact between people are associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- D. People spending time together indoors 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;
- E. Gatherings and events in private residences, vacation accommodation, worship services and other places continue to pose a risk of promoting the transmission of SARS-CoV-2 and increasing the number of people who develop COVID-19 and become seriously ill;
- F. Cases are remaining high with the number of persons infected with COVID-19, in the Northern Health Authority, (hereinafter collectively referred to as the “Affected Area” or “Northern Health”);
- G. Vaccination is safe, highly effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:
 - a. the vaccines available in British Columbia are highly effective, providing strong protection across all eligible age groups against infection and especially against severe illness;
 - b. most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two that is being utilized in British Columbia;
 - c. a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection

alone, or natural immunity in combination with a single-dose of vaccine; and

- d. a full course of vaccine provides highly effective and durable protection from infection and in particular from severe illness resulting in hospitalization or death from the Delta variant with COVID-19, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.
- H. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
- I. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission and case rates;
- J. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
- K. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who contract COVID-19 are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2, when compared to unvaccinated infected persons;
- L. This situation has been exacerbated by the highly transmissible Delta variant of SARS-CoV-2, which is now the dominant variant of SARS-CoV-2 circulating in British Columbia, causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but the transmissibility of the Delta variant means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions;
- M. The recent appearance of Omicron, a new variant of concern which the World Health Organization has said could lead to surges of infection, underlines the importance of vaccination in protecting the population and in removing the conditions which foster the development of variants which pose ever greater threats to public health.
- N. Preserving the ability of the public health and health care systems to protect and care for

the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;

- O. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV-2, and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;
- P. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than in those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection. It does so by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulating in British Columbia, including the Delta variant;
- Q. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- R. Included among the members of the community who are more likely to be infected are children aged 5 to 11 years. It will take some time before they can be fully vaccinated, and children below the age of 5 will remain unprotected from infection until a vaccine is available for them;
- S. Adults and children who are either particularly vulnerable to infection with SARS-CoV-2 or too young to be immunized depend upon the people with whom they come into contact to protect them from the risk of infection;
- T. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill; in particular, social mingling coupled with the consumption of alcohol, which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2;
- U. Gatherings and events which involve large numbers of people continue to pose a risk of promoting the transmission of SARS-CoV-2, and increasing the number of people who develop COVID-19 and become seriously ill;

- V. Programs that require that proof of vaccination be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19;
- W. There are difficulties and risks in accommodating persons who are unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-Co-2, and the likelihood of severe illness and death;
- X. I have considered and continue to consider based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission SARS-Co-2 and or the severity of illness if infected;
- Y. Routine COVID-19 testing of asymptomatic people is not recommended in BC and PCR testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and assisted living facilities, or in remote or rural communities where obtaining results of PCR testing may be delayed;
- Z. There are clear, objective criteria for determining whether a person has a medical deferral to a COVID-19 vaccination, and very few people fall into this category;
- AA. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- BB. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- CC. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the *Charter*, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society.

These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, where this is consistent with public health principles. In consequence, I am not prohibiting outdoor assemblies for the purpose of communicating a position on a matter of public interest or controversy, subject to my expectation that persons organizing or attending such an assembly will take the steps and put in place the measures recommended in the guidelines posted on my website in order to limit the risk of transmission of COVID-19;

- DD. In addition, I recognize the interests protected by the *Human Rights Code*, and have taken these into consideration when exercising my powers to protect the health interests of members of the public from the risk created by being in contact with unvaccinated persons in gatherings and events;
- EE. This Order does not apply to a council, board, or trust committee of a local authority as defined under the *Community Charter*, or the *Local Government Act*, or a school board; the distribution of food or other supplies to people in need; health or social services provided to people in need, such as warming or cooling centres; swimming and activities in swimming pools; fitness facilities which are located in a workplace for the benefit of workers, in a residential building for the benefit of residents, in a hotel for the benefit of guests; rehabilitation or exercise therapy programs; health care related events, including immunization clinics, COVID-19 testing centres and blood donation clinics; drug and alcohol support group meetings; court sittings wherever they occur; workers at a workplace when engaged in their work activities, including staff meetings; work camps; before, during or after school programs for students of public or independent schools (schools) organized by a school; home education or distributed learning activities; educational activities, including a practicum or research, involving students or researchers of post-secondary institutions in any location when provided or arranged by a post-secondary institution; language courses; employment related training; the use of any place for local, provincial or federal government purposes; services provided by or on behalf of any level of government, other than events, as defined in the Order, provided inside by or on behalf of a recreation centre or a library; food or liquor serving premises which are located in airports, or at BC Ferries terminals or on BC Ferries;
- FF. Part B, section 15, and Part C, section 18, do not apply to the Province as owner of a place;
- GG. I have reason to believe and do believe that
 - a. the continued presence of large numbers of unvaccinated people in the population, particularly in some age groups and some communities where vaccination rates continue to be low, continues to pose a risk to the health of the population, and constitutes a health hazard. This is because unvaccinated people can be the source of viral transmission to other unvaccinated people, and also to vaccinated people who are

not completely immune consequent to their vaccination, either because of a reduced immune response or only having had one dose of vaccine. These infections can result in serious illness, hospitalization, intensive care unit admission for care and death.

- b. it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39, 54, 67 (2) and 69 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 NORTHERN HEALTH, THIS ORDER IS ISSUED FURTHER TO THE PROVINCIAL HEALTH OFFICER'S GATHERINGS AND EVENTS ORDER, DATED DECEMBER 3, 2021 (THE "PROVINCIAL GATHERINGS AND EVENTS ORDER"), FACE COVERINGS (COVID-19) ORDER, DATED DECEMBER 3, 2021 (THE "PROVINCIAL FACE COVERING ORDER") AND FOOD AND LIQUOR SERVING PREMISES ORDER, DATED OCTOBER 25, 2021 (THE "PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER") AS AMENDED FROM TIME TO TIME, AND, ON PUBLICATION OF THIS ORDER ON THE PROVINCIAL HEALTH OFFICER'S WEBSITE, THIS ORDER IS INCORPORATED INTO THE PROVINCIAL GATHERINGS AND EVENTS ORDER.

A CONTRAVENTION OF THIS ORDER IS A CONTRAVENTION OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER TO THE EXTENT THAT THE PROVISIONS OF THIS ORDER ARE INCONSISTENT WITH THE PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER, THE PROVINCIAL FACE COVERING ORDER, PROVINCIAL FOOD AND LIQUOR SERVING PREMISES ORDER, THE PROVISIONS OF THIS ORDER SUPERSEDE THE INCONSISTENT PROVISIONS OF THE PROVINCIAL GATHERINGS AND EVENTS ORDER FOR THE AFFECTED AREA.

THIS ORDER IS LIMITED IN APPLICATION TO THE AFFECTED AREA, NORTHERN HEALTH.

THIS ORDER

- A. REPEALS AND REPLACES MY ORDER MADE ON NOVEMBER 30, 2021, WITH RESPECT TO *GATHERINGS AND EVENTS*,**
B. ENTERS INTO FORCE AT 12:01 AM ON DECEMBER 10, 2021

DEFINITIONS:

"adult" means a person 19 years of age or older;

“COVID-19 safety plan” means Northern Health Event Covid-19 Safety Plan and refers to an enhanced safety plan for COVID-19, based on the Northern Health’s event COVID-19 safety plan template (https://www.northernhealth.ca/sites/northern_health/files/health-information/health-topics/coronavirus/documents/covid-19-event-safety-plan.pdf)

“event” means a gathering of persons for a purpose;

“exemption” means a variance issued to a person under the *Public Health Act* on the basis of a medical deferral to a vaccination with respect to an event or type of event;

"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;
- (c) but does not include a clear plastic face shield

“flow through event” means an inside or outside event which patrons continually move through the event over a relatively short period of time and only interact with vendors or displays and includes markets, tradeshow and car shows.

"inside event" means

- (a) a gathering of more than 10 participants in an inside place for one of the following purposes:
 - (i) entertainment, including a theatrical production or dance performance;
 - (ii) musical, including a concert or symphony performance;
 - (iii) business, but limited to a lecture, presentation or workshop;
 - (iv) social, including a wedding ceremony, wedding reception, funeral, funeral reception not held at a funeral home, or a sponsored or ticketed party;
 - (v) a sports event in an inside place;
- (b) a gathering of more than 10 participants in an inside place for one of the following purposes
 - (i) a business purpose not described in (a), and including a conference, convention, commercial trade fair or home show;
 - (ii) choral;
 - (iii) gambling;

- (iv) recreational education or classes, including arts, crafts, music, photography, culture, or travel education or classes
- (c) a gathering of any number of participants in an inside place for the purpose of an adult sports activity, an adult exercise or fitness activity or class, or an adult dance class;
- (d) a program for children or youth in an inside place;
- (e) does not include a flow-through event.

“organizer” means the person responsible for organizing an event;

“outside” does not include in a vehicle containing persons who reside in the same private residence.

“outside event” means

- (a) an organized gathering of more than 25 participants in an outside place, for one of the following purposes:
 - (i) entertainment, including a theatrical production or dance performance;
 - (ii) musical, including a concert or symphony performance;
 - (iii) business, but limited to a lecture, presentation, or workshop
 - (iv) social, including a wedding reception, funeral reception not held at a funeral home, or a sponsored or ticketed party;
- (b) an organized gathering of more than 25 participants in an outside place for one of the following purposes:
 - (i) a business purpose including a conference, convention, commercial trade fair or home show;
 - (ii) choral;
 - (iii) gambling;
 - (iv) recreational education or classes, including arts, crafts, music, photography, culture, or travel education or classes

- (v) a gathering of any number of participants in an outside place for the purpose of an adult sports activity, an adult exercise or fitness activity or class, or an adult dance class;
- (vi) a sports event in an outside place;
- (c) does not include a flow-through event.

“participant” means a person present at an event including a spectator, but does not include an organizer, event staff member, official, volunteer, officiant, or any other person who is acting in an official or service capacity, or a paid performer, player or athlete;

“patron” means a participant;

“person” does not include the Province;

“photo identification” means one of the following:

- (a) a photo BC Services Card within the meaning of the Identification Card regulation;
- (b) a temporary or permanent driver’s licence, issued by a government of a province of Canada;
- (c) a certificate of Indian Status;
- (d) a Métis Nation British Columbia citizenship and identification card;
- (e) a passport attesting to citizenship or other national status, issued by a government of any jurisdiction and including a photograph of the holder;
- (f) another form of identification, issued by a government of any jurisdiction, including a photograph of the holder;
- (g) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder;

“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>;

“place” means a venue, other than a private residence or vacation accommodation, and includes a hotel ballroom or conference room, a banquet hall, conference hall, auditorium, recreation centre, theatre, movie theatre, multi-movie theatre complex, casino, work-out gym, exercise or dance facility or studio, recreational facility arena, stadium, or a tent;

“premises” refers to restaurants, coffee shops, cafes, cafeterias and food primary and liquor primary establishment, including pubs, bars, lounges, liquor manufacturing faculties that have tasting rooms, private clubs and unlicensed restaurants that don't offer table service such as fast food, coffee shops, food courts, food trucks and takeout.

“program for children or youth” means a structured educational program not provided by a school, including music, art, drama, dance, recreational, sport, exercise, or social activity and provided primarily for persons under 22 years of age, but not including parenting programs or breast feeding programs;

“proof of vaccination” means

- (a) in the case of a person who is more than 18 years of age, photo identification and a vaccine card;
- (b) in the case of a person who is 18 years of age or younger, a vaccine card;

“social gathering” means a gathering of one or more individuals at a private residence or vacation accommodation for social or recreational purposes;

“tent” includes a marquee;

“vacation accommodation” means a house, townhouse, cottage, cabin, apartment, condominium, mobile home, recreational vehicle, hotel suite, tent, yurt, houseboat or any other type of living accommodation, and any associated deck, patio, garden or yard, in which a person is residing, but which is not the person's primary residence;

“vaccinated” means to have received, all doses of a vaccine or a combination of vaccines as recommended by

- (a) the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- (b) the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

“vaccine” means a vaccine intended for use in humans against SARS-CoV-2;

“vaccine card” means proof in one of the following forms that the holder is vaccinated:

- (a) electronic proof or a printed copy of an electronic proof,

- (i) issued by the government in the form of a QR code, accessible through the Health Gateway online platform, and
- (ii) showing the name of the holder;
- (b) proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders of the provincial health officer made under the *Public Health Act*;
- (c) proof, whether electronic or in writing, issued
 - (i) by the government of Canada or of a province of Canada, and
 - (ii) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;

“variance” means the *Variance of Gatherings and Events & Food and Liquor Serving Premises Orders to Suspend Reconsideration re Proof of Vaccination – November 12, 2021*.

“worship service” includes bible study, choir and other gathering for the purpose of worship. It does not include a wedding, baptism, or funeral.

A. SOCIAL GATHERINGS AT PRIVATE RESIDENCES AND VACATION ACCOMMODATION

1. A person must not organize, host, or attend a social gathering inside a private residence or vacation accommodation unless:
 - (a) all individuals in attendance over the age of 11 years are vaccinated;
 - (b) the occupants of not more than one other private residence or vacation accommodation, and any event staff, are present in addition to the occupants; or
 - (c) up to a maximum of 10 people, including any event staff, are present in addition to the occupants.
2. A person must not organize, host or attend, an event outside a private residence or vacation accommodation, including on a deck, patio, garden, or yard unless:
 - (a) all individuals in attendance over the age of 11 years are vaccinated;
 - (b) hand sanitation supplies are readily available;
 - (c) up to a maximum of 25 people, including any event staff, are present in addition to the occupants;

- (d) no person who is attending the event and who is not an occupant goes inside, except for the purpose of using the washroom facilities, or the kitchen in the case of event staff
- 3. The owner of vacation accommodation must require any tenant, guest or other person using the vacation accommodation to comply with the requirements in this Part A.

B. EVENTS

- 1. A person must not permit a place to be used for, organize, or be present at an event, except in compliance with this Order.
- 2. For certainty,
 - (a) an event held in a tent with one or more sides is an inside event; and
 - (b) an event held in a tent without any sides is an outside event.

C. OUTSIDE EVENTS

- 1. A person may permit a place to be used for, or may organize or be present at an outside event, if the provisions of this Part are complied with.
- 2. There is an organizer.
- 3. Access to the event is controlled.
- 4. A person must not permit a place to be used for or must not organize an outside event with a purpose described paragraph (a) of the definition of an “outside event” unless the event is held as a seated outside event.
- 5. Liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.
- 6. A person must not participate in an outside event
 - (a) with a purpose described in paragraph (a) of the definition of an “outside event”, unless the event is held as a seated outside event; or
 - (b) held as a standing event, if the purpose of the event is described in paragraph (a) of the definition of “outside event”.
- 7. If the event is described in paragraph (a) of the definition of “outside event”
 - (a) there must be a seat available for each participant;

- (b) No more than 50% of the seated operating capacity of a place, excluding event staff, are present for a seated outside event.
 - (c) participants must be seated throughout the place in such a way as to use all available space;
 - (d) For venues with no specified operating capacity, participants must be seated throughout the place in such a way as to use all available space and provide 2 metres separation between participants not from the same household.
 - (e) participants must be seated throughout the event, except
 - (i) to use a food or drink station;
 - (ii) to use washroom facilities;
 - (iii) to move to another seat;
 - (iv) to provide assistance to another person who requires care or first aid;
 - (v) to leave or return to the premises.
8. If the event is described in paragraph (b) of the definition of “outside event”
- (a) No more than 50% of the operating capacity of a place, excluding event staff, are present for an outside event.
 - (b) For those places that do not have an official operating capacity, spectators maintain a distance of two metres from one another, unless they reside together
9. If there is a food or drink station,
- (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;
 - (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
10. Hand sanitation supplies are readily available to participants.
11. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies, are available for participants.

12. The organizer monitors the number of participants present, and ensures that the number of participants present does not exceed 50 % of the maximum capacity of the venue. If they are not seated, the organizer ensures that participants maintain a distance of two metres from one another.
13. A participant must not attend an event at which there are more participants present than are permitted in this Part, and must not enter a place, or must leave a place, if so directed by the organizer or a member of staff.
14. A participant must comply with the requirements in this Part, and with measures, or guidance or directions from the organizer or a member of staff, intended to avoid the congregation of participants.
15. If an event is held in part of a place which is completely separated from the rest of the place, additional persons who are not attending the event may be present in other parts of the place.
16. If there is more than one area in which events may be held in a place, there may be an event in each of the areas.
17. If the organizer is not the owner or occupant of the place in which an outside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part, and has the capacity to fulfill them.
18. COVID-19 safety Plan required, available upon request by enforcement officers

D. INSIDE EVENTS

1. A person may permit a place to be used for or may organize or be present at an inside event, if the provisions of this Part and Part I (Proof of vaccination) are complied with.
2. A person must not permit a place to be used for or must not organize an inside event with a purpose described in paragraph (a) of the definition of an “inside event” unless the event is held as a seated inside event.
3. A person must not participate in an inside event
 - (a) with a purpose described in paragraph (a) of the definition of an “inside event”, unless the event is held as a seated inside event; or
 - (b) held as a standing event, if the purpose of the event is described in paragraph (a) of the definition of “inside event.
4. Up to 50% of the seated operating capacity of a place may be used for the purpose of a seated inside event.

5. Proof of vaccination required in accordance with Section I (Proof of vaccination)
6. There is an organizer.
7. Access to the event is controlled.
8. Liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.
9. If the event is described in paragraph (a) of the definition of “inside event”
 - (a) there must be a seat available for each participant;
 - (b) participants must be seated throughout the place in such a way as to use all available space;
 - (c) participants must be seated throughout the event, except
 - (i) to use a food or drink station;
 - (ii) to use washroom facilities;
 - (iii) to move to another seat;
 - (iv) to provide assistance to another person who requires care or first aid;
 - (v) to leave or return to the premises.
10. If there is a food or drink station,
 - (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;
 - (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
11. Hand sanitation supplies are readily available to participants.
12. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes or hand sanitation supplies are available for participants.
13. Subject to further direction from me, posted on the Provincial Health Officer’s website, dance floors are closed with physical barriers or occupied with tables, unless they are being used for a dance performance.

14. A participant must comply with the requirements in this Part and in Part D, and with measures, or guidance or directions from the organizer or a member of staff, intended to avoid the congregation of participants.
15. Subject to further direction from me, posted on the Provincial Health Officer's website, participants do not dance, unless they are performing at an event, registered participants in and attending at a dance class at a dance studio, or a child or youth participating in a program for children or youth.
16. If there is more than one area in a place in which events may be held, there may be an event in each of the areas.
17. If the organizer is not the owner or occupant of the place in which an inside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part and Part I, and has the capacity to fulfill them.
18. COVID-19 safety plan required, available upon request by enforcement officers.

E. FLOW THROUGH EVENTS

1. All flow through events require a COVID-19 safety plan, available upon request by enforcement officers.
2. Outdoor flow through events must limit capacity, and facilitate movement of patrons through the venue to avoid overcrowding and congregation.
3. Indoor flow through events are limited to 50% capacity of the venue or dedicated event space within the venue. This does not include vendors, volunteers or organizers and the capacity limit must be included in the COVID-19 safety plan.
4. Vendors must sanitize their booth or display; organizers must ensure common surfaces are sanitized every 2 hours throughout the indoor or outdoor event.
5. All vendors and participants must wear face coverings at indoor flow through events and face coverings are highly recommended at outdoor flow through events.

F. WORSHIP SERVICES

1. Patrons individually may attend a place of worship for the purpose of prayer or quiet reflection
2. A person may permit a place to be used for, may organize or be present at a worship service if the provisions of this Part are complied with.

3. A faith community may use up to 50% of the seated capacity of a place for a worship service if,
 - (a) the officiant and all participants over the age of 11 years are vaccinated;
 - (b) a COVID-19 safety plan is available upon request by enforcement officers.
4. A person must not permit a place of worship to be used for, or organize, lead or participate in, a worship service inside or outside, unless the officiant and all participants over the age of 11 years are vaccinated
5. Virtual worship service or drive-in service may be provided.
 - (a) If a drive-in service is held, patrons must only attend with members of their household and remain in the vehicle for the duration of the service.
6. A participant must not gather with other participants during, before or after a virtual worship service.

G. OWNERS AND OPERATORS OF RESTAURANTS, COFFEE SHOPS, CAFES, CAFETERIAS, FOOD PRIMARY AND LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

1. Despite any lesser restrictions under the Provincial Food and Liquor Serving Premises Order, a premises as defined in this order, must not provide food or drink services inside except in compliance with Part B (Proof of Vaccination) of the Provincial Food and Liquor Serving Premises Order
 - (a) Definition of premises in this order includes unlicensed restaurants that don't offer table service. For example, fast food, coffee shops, food courts, food trucks and takeout-only place.
2. A premises may provide food or drink takeout, or delivery services without requiring proof of vaccination, subject to the following conditions:
 - (a) A patron may only be inside the premises for the purposes of ordering, purchasing or collecting food or drink for takeout or delivery.
 - (b) A patron and staff member must be able to maintain a distance of two metres from one another, unless there is a physical barrier between them which blocks the transmission of droplets.

- (c) A patron must maintain a distance of two metres from other patrons and from staff members, unless there is a physical barrier between them.
- 3. Premises which are licensed to serve liquor, and which do not have full meal service, must be closed.
- 4. Liquor manufacturing facilities with tasting rooms without full meal service, may stay open, but liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.
- 5. If a full meal service is provided, premises may stay open, but liquor service must cease at 10:00 pm and not resume until 9:00 am the following day.

H. OWNERS AND OPERATORS OF LIQUOR PRIMARIES OPERATING AS NIGHTCLUBS

- 1. No person may operate a premises as a nightclub
- 2. No person may be a patron at a premises operating as a nightclub

I. PROOF OF VACCINATION

- 1. This Part applies to inside events.
- 2. This Part does not apply to
 - (a) a person under 12 years of age, or
 - (b) a person 12 to 21 years of age who is participating in a program for children or youth.
- 3. Sections 8 and 9 do not apply to a person who is employed to lead, supervise or assist with a program for children or youth.
- 4. The following requirements apply with respect to an inside event:
 - (a) An organizer must obtain proof in the form of a vaccine card that a participant has received two doses of vaccine.
 - (b) A participant must provide an organizer with proof in the form of a vaccine card of having received two doses of vaccine.

- (c) An organizer must not permit a participant who has not provided the organizer with proof in the form of a vaccine card of having received two doses of vaccine to enter or remain in a place for the purpose of an event or to participate in an event.
 - (d) A participant who has not provided an organizer with proof in the form of a vaccine card of having received two doses of vaccine must not enter or remain in a place for the purpose of an event or participate in an event.
 - (e) If an event takes place on more than one day, the requirements in this section apply on each of those days.
5. An operator must not scan the QR code on a vaccine card with any tool other than a BC Vaccine Card Verifier App.
 6. Subject to section 7, an organizer must not retain proof of vaccination or identification provided by a participant, or use it for any purpose other than to confirm that a participant has been vaccinated, as required by this Order.
 7. Despite section 6, with the written consent of a participant, an organizer may keep a record of the fact that the participant has provided proof of being vaccinated in compliance with this Part until this Order expires or is repealed, and the organizer may rely upon this record to satisfy the requirements in this Part with respect to future participation by the participant in an event at the same place.
 8. A person, including a parent, must have received two doses of vaccine, if the person is
 - (a) leading, supervising or assisting with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, but not including if the person is employed for this purpose, or
 - (b) required to be present with a child or youth at a program for children or youth,
 9. A person who has not received two doses of vaccine must not
 - (a) lead, supervise or assist with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, but not including if the person is employed for this purpose, or
 - (b) be present with a child or youth at a program for children or youth.
 10. Section 3 applies with respect to persons to whom section 8 applies.

This Order expires at 11:59 PM on January 31, 2022.

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 Act, I will not be accepting requests for reconsideration of this Order. For clarity, requests for reconsideration from proof of vaccination requirements under the Provincial Gathering and Events Order may be made as specified in the Provincial Gathering and Events 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. Jong Kim, Chief Medical Health Officer
600-299 Victoria Street, Prince George, BC V2L 5B8
Email: Jong.Kim@northernhealth.ca

DATED THIS: 9th day of December 2021



SIGNED:

Dr. Jong Kim, MD, MSC, FRCPC
Chief Medical Health Officer
Northern Health

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

Enclosure: Excerpts of the *Public Health 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.

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.

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*];

RE: Gatherings and Events PHO Order Dec 22

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Daly, Patty [VCH] <Patricia.Daly@vch.ca>, XT:Lysyshyn, Mark Dr. HLTH:IN <Mark.Lysyshyn@vch.ca>, XT:HLTH Taki, Richard <Richard.Taki@vch.ca>, XT:HLTH Brodtkin, Elizabeth <elizabeth.brodtkin@fraserhealth.ca>, XT:Tyler, Ingrid FRHA:IN <ingrid.tyler@fraserhealth.ca>, Kerwin, Oona <Oona.Kerwin@fraserhealth.ca>, Gustafson, Reka HLTH:IN <reka.gustafson@phsa.ca>, Larder, Andrew [BCCDC] <andrew.larder@bccdc.ca>, McCaskill, Darrin WCB:EX <Darrin.McCaskill@worksafebc.com>, Harkness, Gordon WCB:EX <Gordon.Harkness@worksafebc.com>, Lovelace, Mary WCB:EX <Mary.Lovelace@worksafebc.com>, Brocklehurst, Thomas WCB:EX <Tom.Brocklehurst@worksafebc.com>, Naiman, Daniel HLTH:EX <Daniel.Naiman@gov.bc.ca>, Houle, Lisa WCB:EX <Lisa.Houle@worksafebc.com>, Gilday, Kelly TACS:EX <Kelly.Gilday@gov.bc.ca>, Docking, Christie M EDUC:EX <Christie.Docking@gov.bc.ca>, Charlene Krepiakovich <charlenek@viasport.ca>, Cole Diplock <Cole.Diplock@viha.ca>, Currie, David TACS:EX <David.Currie@gov.bc.ca>, Jared Kope <jaredk@viasport.ca>, Schneider, Amy TACS:EX <Amy.Schneider@gov.bc.ca>, Threlfall, Lia TACS:EX <Lia.Threlfall@gov.bc.ca>, Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>, Jordan Abney <Jabney@bcschoolsports.ca>, Rebecca Tunnacliffe <rtunnacliffe@bcrpa.bc.ca>, Gerlach, Randall AEST:EX <Randall.Gerlach@gov.bc.ca>, Tara Nault <tnault@isparc.ca>, Todoruk, Kyle TACS:EX <Kyle.Todoruk@gov.bc.ca>, XT:HLTH Kosatsky, Tom <tom.kosatsky@bccdc.ca>, XT:Henderson, Sarah ENV:IN <Sarah.Henderson@bccdc.ca>, XT:HLTH Stanwick, Richard <richard.stanwick@viha.ca>, Benusic, Michael [VIHA] <Michael.Benusic@viha.ca>, Luttrell, Gethsemane <Gethsemane.Luttrell@VIHA.CA>, XT:HLTH Pollock, Sue <sue.pollock@interiorhealth.ca>, XT:Mema, Dr. Silvina HLTH:IN <Silvina.Mema@interiorhealth.ca>, Zimmerman, Courtney <Courtney.Zimmerman@interiorhealth.ca>, Jong Kim (Jong.Kim@northernhealth.ca) <Jong.Kim@northernhealth.ca>, Gray, Andrew Dr. HLTH:IN <Andrew.gray@northernhealth.ca>, Hayer, Neelam <Neelam.Hayer@northernhealth.ca>, Corneil, Trevor <Trevor.Corneil@northernhealth.ca>, Cleaver, Dennis <Dennis.Cleaver@northernhealth.ca>, XT:Hampe, Tanis NHA:IN <Tanis.Hampe@northernhealth.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, XT:McDonald, Shannon HLTH:IN <Shannon.McDonald@fnha.ca>, Dr. Nel Wieman <Nel.Wieman@fnha.ca>, Sidaway-Wolf, Daphne HLTH:EX <Daphne.SidawayWolf@gov.bc.ca>, Sterloff, Trish HLTH:EX <Trish.Sterloff@gov.bc.ca>, Rongve, Ian HLTH:EX <Ian.Rongve@gov.bc.ca>, Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, Brazier, Heather M EMBC:EX <Heather.Brazier@gov.bc.ca>, Scraba, Erin H ENV:EX <Erin.Scraba@gov.bc.ca>, Winegarden, Cole PSSG:EX <Cole.Winegarden@gov.bc.ca>, Leavitt, Darlene AG:EX <Darlene.Leavitt@gov.bc.ca>, Lipp, Jamie M PSSG:EX <Jamie.Lipp@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Starkl-Moser, Miriam MUNI:EX <Miriam.Starklmoser@gov.bc.ca>, Lakey, William PSA:EX <William.Lakey@gov.bc.ca>, Bark, Diana HLTH:EX <Diana.Bark@gov.bc.ca>, Lavoie, Martin HLTH:EX <Martin.Lavoie@gov.bc.ca>, Sedun, Jeanne AEST:EX <Jeanne.Sedun@gov.bc.ca>, Tanaka, Sandra AEST:EX <Sandra.Tanaka@gov.bc.ca>, Brewster, Kevin AEST:EX <Kevin.Brewster@gov.bc.ca>
Sent: December 22, 2021 at 12:59:54 PM Pacific Standard Time
Attachments: PHO- Class Order Gatherings and Events (COVID-19) Dec. 22 final.pdf
Good afternoon.

This order has been updated to reflect the changes announced on Friday and Tuesday, and has been sent for posting to the PHO website:

Changes, which are set to expire January 18, include:

- Prohibits organized celebratory gatherings, such as wedding and funeral receptions, sponsored or ticketed parties a birth, a birthday, a coming of age, an upcoming marriage, a promotion, the receipt of an award, a retirement or a celebration of life and inside New Year's Eve events
- Prohibits adult exercise or fitness activity or class, or an adult dance class
- Requires proof of vaccination checking for swimming pools. Hotel pools are exempt.
- Sports tournaments are prohibited, but allows for individual sports like skiing or skating and events that are needed to decide advancement to national or international competition.
- Exemption for high performance athletes to all them to exercise and participate in competitions
- Limits private residence gatherings to 10 or another household, which ever is greater.
- Limits seated and standing events and casinos to 50%.
- Includes a requirement to scan QR codes with lead time (Dec 31) to get organized.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer
 BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
 T 250.952.1701 C .^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca

RE: Food and Liquor Serving Premises PHO Order Dec 22 for posting

From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>, HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>
Cc: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>, Wright, Kristin HLTH:EX <Kristin.Wright@gov.bc.ca>, Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>, Sullivan, Michelle A HLTH:EX <Michelle.Sullivan@gov.bc.ca>, Halicki, Ashley HLTH:EX <Ashley.Halicki@gov.bc.ca>, McCaffrey, Allison HLTH:EX <Allison.McCaffrey@gov.bc.ca>, Miller, Haley HLTH:EX <Haley.Miller@gov.bc.ca>, Giles, Alison GCPE:EX <Alison.Giles@gov.bc.ca>, Ferrier, Jeffrey GCPE:EX <Jeffrey.Ferrier@gov.bc.ca>, Machell, Aileen GCPE:EX <Aileen.Machell@gov.bc.ca>, Tounsi, Marielle GCPE:EX <Marielle.Tounsi@gov.bc.ca>, XT:Amos, Heather HLBC:IN <heather.amos@bccdc.ca>
Sent: December 22, 2021 at 1:04:27 PM Pacific Standard Time
Attachments: Food and Liquor Serving Premises Order Dec. 22 final.pdf
Good afternoon.

Please post the attached order to the PHO website and please move the current version to the archives.

Title is "Food and Liquor Serving Premises– December 22, 2021"

Changes in this order include:

- Places that do not offer full meal service such as bars and nightclubs must close
- Rules about being assigned to a seat, stay seated and do not move from table to table have been brought back
- Table size is limited to 6 people, tables need to be 2 metres apart or barriers used
- Life cycle celebrations like a birthday celebration, which are prohibited by the Gatherings and Events order, can happen at a table for 6 people
- Scanning of QR codes using the verifier app are required to be done starting December 31
- Expiry dates of different parts are included, with the more recent restrictions wrt bars and nightclubs closed, be seated requirements and table size and distance rules expire January 18, while proof of vaccination checking expires January 31

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
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Provincial and regional event and gathering order update

From: Kim, Jong [NH] <Jong.Kim@northernhealth.ca>
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: XT:Robbestad, Melanie HLTH:IN <melanie.robbestad@northernhealth.ca>
Sent: December 22, 2021 at 1:52:24 PM Pacific Standard Time
Attachments: PHO- Class Order Gatherings and Events (COVID-19) Dec. 22 final.pdf, Food and Liquor Serving Premises Order Dec. 22 final.pdf

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

Bonnie and Brian, thanks for the update on the provincial order and measures. I will update the NH order this week.

s.13

Brian, could you share word documents version of the PHO order? That will really help us updating NH order and align with the provincial orders.

Please let me know any question or comment. Thanks so much for your help and support.

Jong

Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health

Tel: 250-261-7235
Cell: 250-793-3751



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39, 54, 56, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

GATHERINGS AND EVENTS – DECEMBER 22, 2021

The *Public Health Act* is at:

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

- TO: OCCUPANTS OF PRIVATE RESIDENCES OR VACATION ACCOMMODATION**
- TO: PERSONS WHO HOST OR ATTEND SOCIAL GATHERINGS IN PRIVATE RESIDENCES OR VACATION ACCOMMODATION**
- TO: OWNERS AND OPERATORS OF PLACES**
- TO: PERSONS WHO ORGANIZE EVENTS**
- TO: PERSONS WHO ATTEND EVENTS**
- TO: MEDICAL HEALTH OFFICERS**

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, 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. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Vaccination is safe, highly effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:
- (a) the vaccines available in British Columbia, in company with other protective and preventive measures, are highly effective and provide protection across all eligible age groups against infection and strong protection against severe illness and death;

- (b) most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two of vaccine that is being utilized in British Columbia; in addition, a new vaccine is now being offered which only requires one dose to be effective, and booster doses are being implemented in order to reinforce the protection afforded by vaccination;
 - (c) a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection alone, or natural immunity in combination with a single-dose of vaccine; and
 - (d) a full course of vaccine provides highly effective and durable protection from severe illness resulting in hospitalization or death from COVID-19, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, and children aged 5 to 11 years of age are now being vaccinated, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
 - E. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission and case rates;
 - F. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
 - G. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who contract COVID-19 can transmit SARS-CoV-2 but are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2, when compared to unvaccinated infected persons;
 - H. This situation has been exacerbated over time, first by the arrival of the highly transmissible Delta variant of SARS-CoV-2, which is now circulating in British Columbia and causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people, than earlier variants, and now by the arrival of the even more transmissible Omicron variant, which is responsible for a surge in infections in the province, and which I expect will very shortly overtake the Delta variant as the dominant strain of SARS-CoV-2 circulating in the province;
 - I. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but the transmissibility of the Delta and now the Omicron variant means that higher vaccination rates than previously

expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions;

- J. The recent appearance of the Omicron variant, which is leading to significant surges in infection in other provinces and other parts of the world in addition to British Columbia, underlines the importance of vaccination in protecting the population and in removing the conditions which foster the development of variants which pose ever greater threats to public health;
- K. The Omicron variant has introduced significant uncertainty into the course of the pandemic, and the rapidly rising infection rates in British Columbia and experience in other places have lead me to conclude that unless measures are put in place immediately to check the spread of Omicron there will be sufficient serious illness among the public to overwhelm the Province's health care system, which is already operating beyond capacity;
- L. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;
- M. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2, and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;
- N. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than in those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection. It does so by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulation in British Columbia, including the Delta variant;
- O. Vaccination is the single most important preventive measure a member of a community can take to protect themselves and other members of the community, from infection, severe illness and possible death from COVID-19;
- P. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;

- Q. Included among the members of the community who are more likely to be infected are children aged 5 to 11 years. This is because children in this age group have only recently become eligible for vaccination and it will take some time before the members of this group can be fully vaccinated. Children under the age of 5 will remain unprotected from infection until a vaccine is available for them;
- R. Adults and children who are either particularly vulnerable to infection with SARS-CoV-2 or too young to be immunized depend upon the people with whom they come into contact to protect them from the risk of infection;
- S. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill; in particular, social mingling, particularly when coupled with the consumption of alcohol which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2;
- T. Gatherings and events pose a risk of promoting the transmission of SARS-CoV-2, including to and from vaccinated people, and increasing the number of people who develop COVID-19 and become seriously ill and who may die;
- U. Singing, chanting and reading can propel infected material significant distances and increase the risk of the transmission of SARS-CoV-2, particularly among a group of people who are in close contact with one another in an inside place over a period of time;
- V. Teams of people travelling, playing and socializing together for the purpose of sports tournaments and then returning home has recently proved to be a significant contributor to the transmission of SARS-CoV-2 in the community;
- W. Programs that require that proof of vaccination be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19;
- X. There are difficulties and risks in accommodating persons who are unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-Co-2, and the likelihood of severe illness and death;
- Y. I have considered and continue to consider based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission SARS-Co-2 and or the severity of illness if infected;
- Z. Routine COVID-19 testing of asymptomatic people is not recommended in British Columbia and polymerase chain reaction (PCR) testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and

assisted living facilities, or in remote communities where obtaining results of PCR testing may be delayed;

- AA. There are clear, objective criteria for determining whether a person has a medical deferral to a COVID-19 vaccination, and very few people fall into this category;
- BB. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- CC. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- DD. I further recognize that constitutionally protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, and the right not to be deprived of life, liberty or security of the person, other than in accordance with the principles of fundamental justice. I understand that making decisions about whether to get vaccinated may engage these rights and freedoms. However, these rights and freedoms are not absolute and are subject to such reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society, which include proportionate, precautionary and evidence-based measures, including vaccination, to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, and balance these rights and interests in a way that is consistent with the protection of public health. I have concluded that the measures which I am putting in place in this Order are proportionate, rational and tailored to address the risk, and are neither arbitrary, overbroad, nor grossly disproportionate in light of the need to protect public health at this time. In my view, any limits on constitutionally protected rights and freedoms arising from this Order, are proportionate and reasonable in the interests of protecting public health and there are no other reasonable alternatives that would provide the same level of protection for the population. I am not prohibiting outdoor assemblies for the purpose of communicating a position on a matter of public interest or controversy, subject to my expectation that persons organizing or attending such an assembly will take the steps and put in place the measures recommended in the guidelines posted on my website in order to limit the risk of transmission of COVID-19;

EE. In addition, I recognize privacy interests and the interests protected by the *Human Rights Code*, and have taken these into consideration when exercising my powers to protect the health interests of members of the public from the risk created by being in contact with unvaccinated persons in gatherings and events, particularly with the arrival of the Omicron variant in the province;

FF. I am also mindful that the volume of requests for reconsideration of my Orders, and the time and expertise which considering them entails, has become beyond my capacity and that of my office and team of medical health officers to manage, and is using resources which are better directed at assessing and responding to the protection of the public as a whole;

GG. This Order does not apply to the Executive Council; the Legislative Assembly; a council, board, or trust committee of a local authority as defined under the Community Charter, the Local Government Act or the Islands Trust Act, or a school board; the distribution of food or other supplies to people in need; health or social services provided to people in need, such as warming or cooling centres; fitness facilities or pools which are located in a workplace for the benefit of workers, in a residential building for the benefit of residents, in a hotel for the benefit of guests; rehabilitation or exercise therapy programs; health care related events, including immunization clinics, COVID-19 testing centres and blood donation clinics; drug and alcohol support group meetings; court sittings wherever they occur; workers at a workplace, including at a social gathering for the workers in their workplace as long as no member of the public is present; work camps; before, during or after school programs for students of public or independent schools (schools) organized by a school; home education or distributed learning activities; educational activities, including a practicum or research, involving students or researchers of post-secondary institutions in any location when provided or arranged by a post-secondary institution; language courses; employment related training; a funeral reception held at a funeral home; the use of any place for local, provincial or federal government purposes; services provided by or on behalf of any level of government, other than events, as defined in the Order, provided inside by or on behalf of a recreation centre or a library;

HH. Part C, section 15, and Part D, section 23, do not apply to the Province as owner of a place;

II. I have reason to believe and do believe that

- (a) the continued presence of unvaccinated people in the population, more so in some age groups and some communities where vaccination rates continue to be low, coupled with the emergence of the highly transmissible Omicron variant, poses a risk to the health of the population, threatens the capacity of the public health and health care systems to address the health care needs of the population, and constitutes a health hazard;
- (b) in order to protect the health of the public and the health care system it is necessary for me to put in place preventive measures to reduce the risk of the transmission of SARS-CoV-2 at events, which could lead to widespread infection and serious illness and overwhelm the public health and the health care systems;

- (c) it is in the public interest for me to proceed on a precautionary basis to exercise the powers in sections 30, 31, 32, 39, 54, 56, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

THIS ORDER

- A. REPEALS AND REPLACES MY ORDER MADE ON DECEMBER 3, 2021, WITH RESPECT TO *GATHERINGS AND EVENTS*,**
- B. CONFIRMS MY VARIANCE OF NOVEMBER 12, 2021,**
- C. APPLIES THAT VARIANCE TO THIS ORDER AS VARIED BY THIS ORDER**

DEFINITIONS:

“adult” means a person 19 years of age or older;

“event” means

- (a) a gathering of participants in a private residence or vacation accommodation for a social purpose,
- (b) a gathering of participants in a place for an inside event or an outside event,
- (c) a sports tournament;

“exemption” means a variance issued to a person under the *Public Health Act* on the basis of a medical deferral to a vaccination with respect to an event or type of event;

“high performance athlete” means a person who is identified by the Canadian Sport Institute Pacific as a high-performance athlete affiliated with an accredited provincial or national sports organization;

“inside event” means

- (a) a gathering of participants in an inside place for one of the following purposes:
 - (i) a form of entertainment involving a performance such as a theatrical production, a concert, a symphony performance, a choral performance, any other type of musical performance or a dance performance;
 - (ii) business, but limited to a lecture or presentation;
 - (iii) a wedding reception;
 - (iv) a funeral reception not held at a funeral home,

- (v) a sponsored or ticketed party;
- (vi) a gathering for the purpose of acknowledging or celebrating a significant event, such as a birth, a birthday, a coming of age, an upcoming marriage, a promotion, the receipt of an award, a retirement or a celebration of life;
- (b) a gathering of participants in an inside place for one of the following purposes
 - (i) a business purpose not described in (a), and including a conference, convention, commercial trade fair or workshop or home show;
 - (ii) gambling;
 - (iii) recreational education or classes, including arts, crafts, music, photography, culture, or travel education or classes
- (c) a gathering of participants in an inside place for the purpose of an adult exercise or fitness activity or class, or an adult dance class, but not including a swimming activity;
- (d) a gathering of participants in an inside place for the purpose of a swimming activity or an adult sports activity;
- (e) a sports event in an inside place;
- (f) a program for children or youth in an inside place;
- (g) a worship service in an inside place;
- (h) a gathering of participants in an inside place for the purpose of celebrating New Year's Eve;

“occupant” means

- (a) a person who resides in a private residence, or
- (b) a person who is staying in or has the use of vacation accommodation;

“organizer” means

- (a) the person responsible for organizing an event in a place, or
- (b) hosting an event in a private residence or vacation accommodation;

“outside event” means an organized gathering of participants in an outside place with seating provided for spectators;

“participant” means

- (a) an occupant of a private residence or vacation accommodation and a visitor to a private residence or vacation accommodation but does not include an occupant who is a host;
- (b) a person who is present at an inside event or an outside event, including a spectator, but does not include an organizer, event staff member, official, volunteer, officiant, or any other person who is acting in an official or service capacity, or a paid performer, player or athlete;

“party” means another person or other persons who accompany a person to an event;

“patron” means a participant;

“person” does not include the Province;

“photo identification” means one of the following:

- (a) a photo BC Services Card within the meaning of the Identification Card regulation;
- (b) a temporary or permanent driver’s licence, issued by a government of a province of Canada;
- (c) a certificate of Indian Status;
- (d) a Métis Nation British Columbia citizenship and identification card;
- (e) a passport attesting to citizenship or other national status, issued by a government of any jurisdiction and including a photograph of the holder;
- (f) another form of identification, issued by a government of any jurisdiction, including a photograph of the holder;
- (g) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder;

“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>;

“place” means a venue, other than a private residence or vacation accommodation, and includes a hotel ballroom or conference room, a banquet hall, conference hall, auditorium, recreation centre, theatre, movie theatre, multi-movie theatre complex, casino, work-out gym, exercise or dance facility or studio, recreational facility arena, stadium, or a tent;

“private residence” means the primary residence of a person;

“program for children or youth” means a structured educational program not provided by a school, including music, art, drama, dance, recreational, sport, exercise, or social activity and provided primarily for persons under 22 years of age, but not including parenting programs or breast feeding programs;

“proof of exemption” means

- (a) in the case of a person who is more than 18 years of age, photo identification and an exemption certificate,
- (b) in the case of a person who is 18 years of age or younger, an exemption certificate;

“proof of vaccination” means

- (a) in the case of a person who is more than 18 years of age, photo identification and a vaccine card;
- (b) in the case of a person who is 18 years of age or younger, a vaccine card;

“sports tournament” means a single or multi-day gathering of three or more sports teams from different leagues, who come together outside regular league play for the purpose of the teams playing against multiple other teams, but does not include

- (a) a gathering where team members compete on an individual basis against members of other teams, or
- (b) a gathering where the result will decide if a team will advance to play in a national or international competition;

“tent” includes a marquee;

“vacation accommodation” means a house, townhouse, cottage, cabin, apartment, condominium, mobile home, recreational vehicle, hotel suite, tent, yurt, houseboat or any other type of living accommodation, and any associated deck, garden or yard, in which a person is staying or of which a person has the use, but which is not the person’s primary residence;

“vaccinated” means to have received all doses of a vaccine or a combination of vaccines, but not including a booster dose, as recommended by

- (a) the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- (b) the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

“vaccine” means a vaccine intended for use in humans against SARS-CoV-2;

“vaccine card” means proof in one of the following forms that the holder is vaccinated:

- (a) electronic proof or a printed copy of an electronic proof,
 - (i) issued by the government in the form of a QR code, accessible through the Health Gateway online platform, and
 - (ii) showing the name of the holder;
- (b) proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders of the provincial health officer made under the *Public Health Act*;
- (c) proof, whether electronic or in writing, issued
 - (i) by the government of Canada or of a province of Canada, and
 - (ii) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;
- (d) in the case of an international visitor,
 - (i) proof, whether electronic or in writing, relied upon to enter Canada, and
 - (ii) the person's passport or photo identification;

“variance” means the *Variance of Gatherings and Events & Food and Liquor Serving Premises Orders to Suspend Reconsideration re Proof of Vaccination – November 12, 2021*;

“visitor” means a person other than an occupant or event staff who is present in a private residence or vacation accommodation for the purpose of an event.

A. EVENTS

1. A person must not permit a private residence, vacation accommodation or a place to be used for an event, or host, organize, work or volunteer at, be a participant in or a spectator at or be otherwise present at an event, except in compliance with this Order.
2. A person must not permit a place to be used for, organize, work or volunteer at, participate in, be a spectator at or be otherwise present at a sports tournament.
3. For certainty,
 - (a) an event held in a tent with one or more sides is an inside event; and
 - (b) an event held in a tent without any sides is an outside event.
4. Nothing in this Order prevents a high- performance athlete from training, travelling or competing in sport in accordance with the athlete's respective provincial or national sports organization and Canadian Sport Institute Pacific COVID-19 safety protocols, and none of the provisions of this Order apply to a high performance athlete when so engaged.

B. EVENTS IN PRIVATE RESIDENCES OR VACATION ACCOMMODATION

1. An occupant may host an event in a private residence or vacation accommodation, if the provisions of this Part are complied with.
2. In addition to the occupants, no more than 10 other persons, including visitors and event staff, or the occupants of one other private residence or vacation accommodation who live communally and event staff, whichever is the greater number of people, may attend an event in a private residence or vacation accommodation.
3. An occupant must not host an event in a private residence or vacation accommodation, unless
 - (a) section 2 is complied with, and
 - (b) the occupant is satisfied that all the occupants, visitors over the age of 11 years, and event staff are vaccinated or have an exemption.
4. A person over the age of 11 years must not attend or be event staff at an event in a private residence or vacation accommodation, unless
 - (a) the person is vaccinated, or has an exemption, and
 - (b) section 2 is complied with.

C. OUTSIDE EVENTS

1. A person may permit a place to be used for, may organize, may work or volunteer at, may participate in, may be a spectator at, or may be otherwise present at an outside event, if the provisions of this Part are complied with.
2. No more than 5,000 persons are present, or 50% of the seated operating capacity of a place is used, excluding event staff, whichever number permits the greater number of people to be present.
3. There is an organizer.
4. Access to the event is controlled.
5. There is seating available for each participant.
6. Participants are seated throughout the place in such a way as to use all available space.
7. If there is a food or drink station,
 - (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;

- (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
8. Hand sanitation supplies are readily available to participants.
 9. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes, or hand sanitation supplies, are available for participants.
 10. The organizer monitors the number of persons present, and ensures that the number of persons present does not exceed the maximum number permitted for the event.
 11. A participant must not attend an event at which there are more persons present than are permitted in this Part, and must not enter a place, or must leave a place, if so directed by the organizer or a member of staff.
 12. A participant must comply with the requirements in this Part, and with measures, or guidance or directions from the organizer or a member of staff, intended to avoid the congregation of participants.
 13. If an event is held in part of a place which is completely separated from the rest of the place, additional persons who are not attending the event may be present in other parts of the place.
 14. If there is more than one area in which events may be held in a place, there may be an event in each of the areas.
 15. If the organizer is not the owner or occupant of the place in which an outside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part, and has the capacity to fulfill them.

D. INSIDE EVENTS

1. This Part does not apply to a worship service.
2. A person may permit a place to be used for, may organize, may work or volunteer at, may participate in, may be a spectator at, or may be otherwise present at an inside event, if the provisions of this Part and Part E are complied with.
3. A person must not permit a place to be used for or must not organize an inside event with a purpose described in paragraph (a) (iii) to (vi), (c) or (h) of the definition of an “inside event”.

4. A person must not permit a place to be used for or must not organize an inside event with a purpose described in paragraph (a) (i) or (ii) of the definition of an “inside event”, unless the event is held as a seated inside event.
5. A person must not permit a place to be used for or must not organize an inside event as a standing event, if the purpose of the event is described in paragraph (a) (i) or (ii) of the definition of “inside event”.
6. A person must not participate in an inside event
 - (a) with a purpose described in paragraph (a) (iii) to (vi), (c) or (h) of the definition of an “inside event”;
 - (b) held as a standing event, if the purpose of the event is described in paragraph (a) (i) or (ii) of the definition of “inside event”.
7. A person may provide, and a person may participate in an activity described in paragraph (c) of the definition of “inside event” if the activity is provided by virtual means and the participants do not gather with one another in an inside place for the purpose of the activity.
8. An adult must not participate in exercise or fitness in a gym or fitness facility on either an individual or group basis.
9. No more than 50% of the seated capacity of a place, excluding event staff, may be used for a seated event.
10. No more than 50% of the standing capacity of a place, excluding event staff, may be used for a standing event.
11. No more than 50% of the seated capacity of the gambling area of a casino, excluding event staff, may be used.
12. There is an organizer.
13. Access to the event is controlled.
14. If the event is described in paragraph (a) (i) or (ii) of the definition of “inside event”, the following apply to the event:
 - (a) there must be a seat available for each participant;
 - (b) each participant must be provided with a seat;
 - (c) participants must be seated throughout the place in such a way as to use all available space;

- (d) no more than 6 participants may sit at a table;
 - (e) participants must
 - (i) be seated throughout the event,
 - (ii) not move from seat to seat or table to table,
 - (iii) not leave their seat except
 - A. to use a food or drink station,
 - B. to use washroom facilities,
 - C. to provide assistance to another person who requires care or first aid, or
 - D. to leave or return to the premises;
15. If there is a food or drink station,
- (a) hand washing facilities or alcohol-based sanitizers are within easy reach of the station;
 - (b) signs reminding participants to wash or sanitize their hands before touching self-serve food, drink or other items, are posted at the self-serve station; and
 - (c) high touch surfaces at the station, and utensils that are used for self-serve, are frequently cleaned and sanitized.
16. Hand sanitation supplies are readily available to participants.
17. Toilet facilities with running water, soap and paper towels for hand washing and drying purposes or hand sanitation supplies are available for participants.
18. Dance floors are closed with physical barriers or occupied with tables, unless they are being used for a dance performance.
19. Participants do not dance, unless they are performing at an event or a child or youth participating in a program for children or youth.
20. If there is more than one area in a place in which events may be held, there may be an event in each of the areas.
21. An organizer must ensure that participants comply with the face covering requirements in the *Face Coverings (COVID-19) Order*.
22. A participant must comply with the requirements in this Part and in Part E, and with measures, guidance or directions from the organizer or a member of staff, intended to

avoid the congregation of participants and ensure compliance with the *Face Coverings (COVID-19) Order*.

23. If the organizer is not the owner or occupant of the place in which an inside event is held, the owner or occupant must be satisfied that the organizer is aware of the conditions and requirements in this Part and Part E, and has the capacity to fulfill them.

E. PROOF OF VACCINATION

1. This Part applies to inside events, except worship services.
2. This Part does not apply to
 - (a) a person under 12 years of age, or
 - (b) a person 12 to 21 years of age who is participating in a program for children or youth.
3. The following requirements apply with respect to an inside event:
 - (a) An organizer must obtain
 - (i) proof that a participant is vaccinated by way of proof of vaccination, or
 - (ii) proof that a participant has an exemption by way of proof of exemption.
 - (b) A participant must provide an organizer with
 - (i) proof of being vaccinated by way of proof of vaccination, or
 - (ii) proof of having an exemption by way of proof of exemption.
 - (c) An organizer must not permit a participant who has not provided the organizer with
 - (i) proof of being vaccinated by way of proof of vaccination, or
 - (ii) proof of having an exemption by way of proof of exemption,to enter or remain in a place for the purpose of an event or to participate in an event.
 - (d) A participant who has not provided an organizer with
 - (i) proof of being vaccinated by way of proof of vaccination,
 - (ii) or proof of having an exemption by way of proof of exemption,

must not enter or remain in a place for the purpose of an event or participate in an event.

- (e) If an event takes place on more than one day, the requirements in this section apply on each of those days.
- 4. Commencing at 12:01 AM on December 31, 2021, an organizer must scan the QR code on a vaccine card in order to determine whether a participant is vaccinated.
- 5. An organizer must not scan the QR code on a vaccine card with any tool other than a BC Vaccine Card Verifier App.
- 6. Subject to section 6, an organizer must not retain proof of vaccination or proof of exemption provided by a participant, or use it for any purpose other than to confirm that a participant has been vaccinated or has an exemption, as required by this Order.
- 7. Despite section 5, with the written consent of a participant, an organizer may keep a record of the fact that the participant has provided proof of vaccination or proof of exemption as required by this Part, and the organizer may rely upon this record to satisfy the requirements in this Part with respect to future participation by the participant in an event at the same place.
- 8. A person, including a parent, must be vaccinated, if the person is
 - (a) leading, supervising or assisting with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, or
 - (b) required to be present with a child or youth at a program for children or youth.
- 9. A person, including a parent, who is not vaccinated must not
 - (a) lead, supervise or assist with a program for children or youth on a volunteer basis, including if the person receives an honorarium for doing so, or
 - (b) be present with a child or youth at a program for children or youth.
- 10. Section 3 applies with respect to a person to whom section 8 applies.
- 11. For certainty, neither section 8 nor 9 applies to a person who is employed to lead, supervise or assist with a program for children or youth.

F. WORSHIP SERVICES

- 1. A person may permit a place to be used for, may organize, may work or volunteer at, be a participant at or be otherwise present at a worship service if the provisions of this Part are complied with.

2. A faith community may use up to 100% of the seated capacity of a place for a worship service if the officiant and all participants over the age of 11 years are vaccinated.
3. A faith community may use up to 50% of the seated capacity of a place for a worship service if the officiant or any of the participants over the age of 11 years is not vaccinated.
4. A faith community must not use more than 50% of the seated capacity of a place for a worship service, unless the officiant and all participants over the age of 11 years are vaccinated.
5. A person must not permit a place to be used for, organize or be present at a worship service where more than 50% of the seated capacity of the place is being used, unless the officiant and all participants over the age of 11 years are vaccinated.

G. DELEGATION OF AUTHORITY TO THE MEDICAL HEALTH OFFICER TO CONSIDER AND MAKE A DECISION WITH RESPECT TO A REQUEST FOR AN EXEMPTION ON THE BASIS OF A MEDICAL DEFERRAL

Under the authority vested in me by section 69 of the *Public Health Act*, I delegate my authority under section 43 of the *Public Health Act* to the medical health officer for the geographic region of the Province in which an event occurs or will occur to receive, consider, and make a decision with respect to a request for reconsideration made by a person on the basis of a medical deferral to a vaccination, and to add conditions to or change conditions on an exemption, or to suspend or cancel an exemption.

H. RELATED MEDICAL HEALTH OFFICERS ORDERS

Recognizing that the risk differs in different regions of the province, and that medical health officers are in the best position to assess local circumstances and to determine whether additional or more restrictive steps need to be taken to reduce the risk of the transmission of COVID-19, **I FURTHER ORDER:**

1. A medical health officer may issue an order further to this Order, for the purpose of having the provisions of the order incorporated into this Order, or may add conditions to or change conditions on an exemption, or suspend or cancel an exemption. An order may add further prohibitions, or impose more restrictive limitations or conditions, in the whole or part of the geographic area of the Province for which the medical health officer is designated and, subject to section 2, the provisions of the order are incorporated into this Order when posted on my website. For certainty, a contravention of an order of a medical health officer issued further to this Order, and posted on my website, is a contravention of this Order.

2. While it is in force, a provision in an order made by a medical health officer further to this Order and posted on my website, which adds further prohibitions or imposes more restrictive limitations or requirements than this Order, applies in the whole or part of the geographic area of the Province for which the medical health officer is designated, despite the provisions of this Order.

Except as provided in Part E, section 5, which comes into effect at 12:01 AM on December 31, 2021, the provisions of this Order come into effect at 11:59 PM on December 22, 2021, and expire as follows:

Part A section 1, as it applies to events in a private residence or vacation accommodation and inside events, and section 2 expire at 12:01 A.M. on January 18, 2022;

Part A section 1, as it applies to outside events, and sections 3 and 4 expire at 12:01 A.M. on January 31, 2022;

Part B expires at 12:01 A.M. on January 18, 2022;

Part C expires at 12:01 A.M. on January 31, 2022;

Part D expires at 12:01 A.M. on January 18, 2022; and

Part E expires at 12:01 A.M. on January 31, 2022.

After weighing the interests of participants and staff at gatherings and events against the interests of persons who are not vaccinated for reasons other than a medical deferral to vaccination, and taking into account the importance of protecting the health of participants and staff, the stress under which the public health and health care systems are currently operating, and the impact this is having on the provision of health care to the population, the burden which responding to more clusters and outbreaks of COVID-19 would put on the public health system, the burden which responding to more patients with serious illness would place upon an already overburdened health care system, the increased risk to the population arising from the presence of the Omicron variant in the Province, and the risk inherent in accommodating persons who are not vaccinated, and for the reasons set out in my Variance of November 12, 2021 posted on my website, I have decided, 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 *Act*, to confirm the application of the Variance to this Order, except as varied below with respect to worship services, and, in accordance with the Variance, will not be accepting requests for a reconsideration of this Order, except from an individual on the basis of a medical deferral to a vaccination with respect to an event or type of event.

For the purposes of this Order, I am varying the Variance to the extent that I will not be accepting requests for reconsideration with respect to the provisions of or exemptions with

respect to the provisions of Part F of this Order on any basis, including on the basis of a medical deferral to a vaccination. The reason for this is the heightened risk of transmission of SARS-CoV2 in worship spaces which are densely packed with participants, particularly during the current period of increased religious observance on the part of many faith communities. Instead, I have made provision for faith communities to hold worship services with fewer participants in order to permit faith communities to accommodate community members who are not vaccinated by providing them with a less risky space in which to engage in communal religious observance.

In addition, I am also varying the Variance to provide that I will not be accepting requests for reconsideration with respect to the provisions of Part E, sections 8 and 9, of this Order on any basis, including on the basis of a medical deferral to a vaccination. The reason for this is that these sections apply to a volunteer position rather than to an essential position for the purpose of providing a program for children and youth, and the inconvenience of losing an unvaccinated volunteer is less than the risk to children or youth created by the involvement of an unvaccinated volunteer.

A request for an exemption from being vaccinated or providing proof of vaccination on the basis of a medical deferral to a vaccination must be made on the basis that the health of the person would be seriously jeopardized if the person were to be vaccinated, and must follow the guidelines posted on my website. (<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>).

A request under section 43 may be submitted to me at PHOExemptions@gov.bc.ca with the subject line “Request for Reconsideration about Proof of Vaccination”.

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 Act, I will not be accepting requests for a review 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

DATED THIS: 22nd day of December 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 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.

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.

General emergency powers

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

- (i) 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*];

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.

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*];



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3), 43, 54, 56, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

FOOD AND LIQUOR SERVING PREMISES - DECEMBER 22, 2021

The *Public Health Act* is at:

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

- TO: OWNERS AND OPERATORS OF FOOD SERVICE ESTABLISHMENTS WITH TABLE SERVICE, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING, PRIVATE CLUBS OR CERTAIN LICENSED COUNTER SERVICE, TAKE-OUT OR QUICK SERVICE FOOD SERVICE ESTABLISHMENTS**
- TO: PATRONS OF FOOD SERVICE ESTABLISHMENTS WITH TABLE SERVICE, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS, INCLUDING PUBS, BARS, LOUNGES AND NIGHTCLUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING, PRIVATE CLUBS OR CERTAIN LICENSED COUNTER SERVICE, TAKE-OUT OR QUICK SERVICE FOOD SERVICE ESTABLISHMENTS**
- TO: MEDICAL HEALTH OFFICERS**

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, 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. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Vaccination is safe, highly effective, and the single most important preventive measure a person can

Ministry of Health

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take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:

- (a) the vaccines available in British Columbia, in company with other protective and preventive measures, are highly effective and provide protection across all eligible age groups against infection and strong protection against severe illness and death;
 - (b) most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two of vaccine that is being utilized in British Columbia; in addition, a new vaccine is now being offered which only requires one dose to be effective, and booster doses are being implemented in order to reinforce the protection afforded by vaccination;
 - (c) a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection alone, or natural immunity in combination with a single-dose of vaccine; and
 - (d) a full course of vaccine provides highly effective and durable protection from severe illness resulting in hospitalization or death from COVID-19, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, and children aged 5 to 11 years of age are now being vaccinated, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
 - E. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission and case rates;
 - F. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
 - G. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who contract COVID-19 can transmit SARS-CoV-2 but are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2, when compared to unvaccinated infected persons;
 - H. This situation has been exacerbated over time, first by the arrival of the highly transmissible Delta variant of SARS-CoV-2, which is now circulating in British Columbia and causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people, than earlier variants, and now by the arrival of the even more transmissible Omicron variant, which is responsible for a surge in infections in the province, and which I expect will very shortly overtake the Delta variant as the dominant strain of SARS-CoV-2 circulating in the province.

- I. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but the transmissibility of the Delta and now the Omicron variant means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions;
- J. The Omicron variant has introduced significant uncertainty into the course of the pandemic, and the rapidly rising infection rates in British Columbia and experience in other places have led me to conclude that unless measures are put in place immediately to check the spread of Omicron there will be sufficient serious illness among the public to overwhelm the Province's public health and health care systems, which is already operating beyond capacity.
- K. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;
- L. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2, and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;
- M. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than in those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection. It does so by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulating in British Columbia, including the Delta variant;
- N. Vaccination is the single most important preventive measure a member of a community can take to protect themselves and other members of the community, from infection, severe illness and possible death from COVID-19;
- O. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness and death from COVID-19, even if they are vaccinated;
- P. Included among the members of the community who are more likely to be infected are children aged 5 to 11 years. This is because children in this age group have only recently become eligible for vaccination and it will take some time before the members of this group can be fully vaccinated. Children under the age of 5 will remain unprotected from infection until a vaccine is available for them;
- Q. Adults and children who are either particularly vulnerable to infection with SARS-CoV-2 or too young to be immunized depend upon the people with whom they come into contact to protect them

from the risk of infection;

- R. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill; in particular, social mingling, particularly when coupled with the consumption of alcohol which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2;
- S. Programs that require that proof of vaccination be provided have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19;
- T. There are difficulties and risks in accommodating persons who are unvaccinated, since no other measures are nearly as effective as vaccination in reducing the risk of contracting or transmitting SARS-Co-2, and the likelihood of severe illness and death;
- U. I have considered and continue to consider, based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission of SARS-Co-2 or the severity of illness if infected;
- V. Routine COVID-19 testing of asymptomatic people is not recommended in British Columbia and polymerase chain reaction (PCR) testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and assisted living facilities, or in remote communities where obtaining results of PCR testing may be delayed;
- W. There are clear, objective criteria for determining whether a person has a medical deferral to a COVID-19 vaccination, and very few people fall into this category;
- X. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- Y. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- Z. I further recognize that constitutionally protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, and the right not to be deprived of life, liberty or security of the person, other than in accordance with the principles of

fundamental justice. I understand that making decisions about whether to get vaccinated may engage these rights and freedoms. However, these rights and freedoms are not absolute and are subject to such reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society, which include proportionate, precautionary and evidence-based measures, including vaccination, to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, and balance these rights and interests in a way that is consistent with the protection of public health. I have concluded that the measures which I am putting in place in this Order are proportionate, rational and tailored to address the risk, and are neither arbitrary, overbroad, nor grossly disproportionate in light of the need to protect public health at this time. In my view, any limits on constitutionally protected rights and freedoms arising from this Order, are proportionate and reasonable in the interests of protecting public health and there are no other reasonable alternatives that would provide the same level of protection for the population.

AA. In addition, I recognize privacy interests and the interests protected by the *Human Rights Code*, and have taken these into consideration when exercising my powers to protect the health interests of members of the public from the risk created by being in contact with unvaccinated persons in food or liquor serving premises, particularly with the arrival of the Omicron variant in the province;

BB. For certainty, this Order is not directed at food or liquor serving premises which are located in airports or at BC Ferries terminals or on BC ferries; designated onsite liquor retail and dedicated sampling room areas without seating attached to a liquor manufacturing facility; a person providing or collecting take-out food or liquor; a person who delivers food or liquor to, or who receives food or liquor in a place other than a food service establishment or liquor serving premises; unlicensed counter service, take-out or quick service food service establishments without table service; licensed counter service take-out or quick service food service establishments without table service which do not sell liquor for consumption on the premises; unlicensed self-serve food areas; food courts and food trucks; drive-through food service establishments; cafeterias in grocery stores; hospitals; licensed care facilities; assisted living residences; independent living facilities; correctional facilities; industrial camps; public or independent schools; post-secondary institutions; workplace cafeterias; cafeterias for resident students attending educational institutions; or other places in which food or liquor is served to residents, rather than to the general public.

CC. I have reason to believe and do believe that

- (a) the continued presence of unvaccinated people in the population, more so in some age groups and some communities where vaccination rates continue to be low, coupled with the emergence of the highly transmissible Omicron variant, poses a risk to the health of the population, threatens the capacity of the public health and health care systems to address the health care needs of the population, and constitutes a health hazard;
- (b) in order to protect the health of the public health and the health care system it is necessary for me to put in place preventive measures to reduce the risk of the transmission of SARS-CoV-2 in food and liquor serving premises, which if left unchecked could lead to widespread infection and serious illness and overwhelm the health care system;
- (c) it is in the public interest for me to proceed on a precautionary basis to exercise the powers in sections 30, 31, 32, 39, 54, 56, 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

THIS ORDER

- A. REPEALS AND REPLACES MY ORDER MADE ON DECEMBER 12, 2021, WITH RESPECT TO FOOD AND LIQUOR SERVING PREMISES,**
- B. CONFIRMS MY VARIANCE OF NOVEMBER 12, 2021,**
- C. APPLIES THAT VARIANCE TO THIS ORDER**

Definitions in this Order:

“food service establishment” has the same meaning as in the Food Premises Regulation;

“full meal service” includes food provided by a caterer to the premises or available from a food truck located beside or on the premises, but does not include snacks, appetizers or tapas on their own;

“life cycle event” means a significant event in a person’s life, including a birth, a birthday, a coming of age, an engagement, an upcoming marriage, a promotion, the receipt of an award, a retirement or a celebration of life;

“nightclub” means a liquor primary establishment at which the main activities are selling liquor and providing music to which patrons can dance;

“operator” means a person who operates a premises;

“party” means another person or other persons who accompany a person to a food or liquor serving premises;

“patron” means a person who is present as a customer on premises, but does not include an owner, operator or member of staff;

“premises” includes both the inside and outside area of a place being operated as a

- (a) a food service establishment with table service, including a buffet with table service, or a cafe,
- (b) a food primary or liquor primary establishment, including a pub, bar, lounge, nightclub, liquor manufacturing facility that has a tasting room with seating, or a private club; or
- (c) a licensed counter, take-out or quick service food service establishment without table service which sells liquor for consumption on the premises;

“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>;

“table service” includes providing any of the following services:

- (a) taking a reservation from a patron;

- (b) greeting a patron at the entrance, seating a patron, or providing any other hosting services;
- (c) providing a place setting at a table, in a booth or at a counter for a patron;
- (d) providing a menu to a seated patron;
- (e) providing water to a seated patron;
- (f) taking a food or drink order from a seated patron;
- (g) serving food or drink, or providing condiments to a seated patron;
- (h) re-filling a drink for a seated patron;
- (i) clearing dishes, glasses, cups or cutlery after use by a patron while a patron is still at the table;
- (j) taking payment from a patron after a meal;
- (k) taking payment from a patron at their seat;
- (l) providing service to a patron other than from behind a counter;
- (m) providing any other service to a patron at their seat;

“variance” means the *Variance of Gatherings and Events & Food and Liquor Serving Premises Orders to Suspend Reconsideration re Proof of Vaccination – November 12, 2021*.

A. LICENSED PREMISES WITHOUT FULL MEAL SERVICE

1. Premises which are licensed to serve liquor, and which do not have full meal service, must be closed.
2. An owner or operator must not operate a licensed premises which does not have full meal service.
3. No person may be present as a staff member or a patron in a licensed premises which does not have full meal service.

B. FOOD SERVICE ESTABLISHMENTS WITH TABLE SERVICE, FOOD PRIMARY OR LIQUOR PRIMARY ESTABLISHMENTS INCLUDING PUBS, LIQUOR MANUFACTURING FACILITIES THAT HAVE TASTING ROOMS WITH SEATING OR PRIVATE CLUBS

1. For certainty, this Part does not apply to a counter, take-out or quick service food service establishment without table service.
2. An operator must not operate a food service establishment with table service, or a food primary or liquor primary establishment, including a pub, liquor manufacturing facility that has a tasting room with seating, or a private club, except in compliance with the provisions of this Part and Part B.
3. The operator must take steps to prevent the congregation of patrons outside the premises, such as by taking reservations and requesting patrons to remain in their cars or elsewhere until notified by telephone or an App that there is seating available for them on the premises.
4. The operator must assess the premises for places where patrons may congregate and put in place measures to avoid congregation.
5. There must be sufficient seating for patrons on the premises, whether at a table, in a booth or at a counter.

6. In licensed premises, other than private clubs or tasting rooms with a liquor manufacturer licence, patrons must be assigned to a table, booth or counter and shown to their seats.
7. Patrons must stay in the seat to which they are assigned, or at which they seat themselves, and must not move from table to table or mingle with patrons from other parties when not seated.
8. No more than 6 patrons may be seated at a table, unless the party consists of one set of parents and their minor children.
9. Liquor may only be served to a patron who is seated, other than in private clubs or tasting rooms with a liquor manufacturer licence.
10. Patrons must remain seated, other than in private clubs or tasting rooms with a liquor manufacturer's licence, except
 - (a) to use a self-serve food or drink station,
 - (b) use a self-serve lottery ticket dispenser,
 - (c) pay at a pay station,
 - (d) use washroom facilities,
 - (e) to provide assistance to another person who requires care or first aid,
 - (f) when leaving the premises, or
 - (g) for the purpose of doing any of the following with a maximum of five other persons who are in the same party as the patron and who are seated with the patron:
 - (i) play pool, billiards, snooker, or darts; or
 - (ii) bowl, if there is a bowling alley on the premises.
11. There must be a distance of two metres between the backs of the seats of patrons seated at adjacent tables or booths, even if members of the same party are seated at adjacent tables or booths, unless the adjacent tables or booths are separated by physical barriers.
12. There must be two metres between patrons seated at a counter, unless the patrons are in the same party or they are separated by physical barriers.
13. If there is a self-serve food or drink station on the premises,
 - (a) hand washing facilities or alcohol-based sanitizers must be within easy reach of the station;
 - (b) signs reminding patrons to wash or sanitize their hands before touching self-serve food, drink or other items must be posted at the self-serve station; and

- (c) high touch surfaces at the station, and utensils that are used for self-serve, must be frequently cleaned and sanitized.
- 14. If there are physical barriers between tables or booths or seats at a counter, the tops and bottoms of the physical barriers must be positioned so that the physical barriers block the transmission of droplets produced by breathing, talking, coughing or sneezing between patrons who are seated at adjacent tables, booths or seats at a counter.
- 15. Dance floors must be closed with physical barriers or occupied with tables.
- 16. Patrons must not dance on the premises.
- 17. There must be a sufficient number of staff at premises, other than at private clubs or tasting rooms with a liquor manufacturer's licence, to ensure that
 - (a) patrons remain seated,
 - (b) no more than 6 patrons are seated at a table, unless the party consists of one set of parents and their minor children, and
 - (c) patrons comply with the *Face Coverings (COVID -19) Order*.
- 18. An operator must ensure that there is compliance with this Part.
- 19. Despite the *Gatherings and Events Order*, a person may celebrate a life cycle event in a food or liquor serving premises to which this Part applies, as long as the requirements of this Part and Part C are complied with.

C. PROOF OF VACCINATION

- 1. This Part does not apply to a patron under 12 years of age.
- 2. This Part applies to
 - (a) a premises to which Part B applies, and
 - (b) a licensed counter service, take-out or quick service food service establishment without table service which sells liquor for consumption on the premises
- 3. In this Part

“exemption” means a variance of this Order issued to a person under the *Public Health Act* on the basis of a medical deferral to a vaccination;

“photo identification” means one of the following:

- (a) a photo BC Services Card within the meaning of the Identification Card regulation;
- (b) a temporary or permanent driver's licence, issued by a government of a province of Canada;

- (c) a certificate of Indian Status;
- (d) a Métis Nation British Columbia citizenship and identification card;
- (e) a passport attesting to citizenship or other national status, issued by a government of any jurisdiction and including a photograph of the holder;
- (f) another form of identification, issued by a government of any jurisdiction, including a photograph of the holder;
- (g) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder;

“proof of exemption” means

- (a) in the case of a person who is more than 18 years of age, photo identification and an exemption certificate;
- (b) in the case of a person who is 18 years of age or younger, an exemption certificate.

“proof of vaccination” means

- (a) in the case of a person who is more than 18 years of age, photo identification and a vaccine card;
- (b) in the case of a person who is 18 years of age or younger, a vaccine card;

“vaccinated” means to have received all doses of a vaccine or a combination of vaccines, but not including a booster dose, as recommended by

- (a) the provincial health officer, with respect to vaccines approved for use in Canada by the department of the federal government responsible for regulating drugs, or
- (b) the World Health Organization, with respect to vaccines approved by the World Health Organization but not approved for use in Canada;

“vaccine” means a vaccine intended for use in humans against SARS-CoV-2;

“vaccine card” means proof in one of the following forms that the holder is vaccinated:

- (a) electronic proof or a printed copy of an electronic proof,
 - (i) issued by the government in the form of a QR code, accessible through the Health Gateway online platform, and
 - (ii) showing the name of the holder;
- (b) proof in writing, issued by the government for the purpose of showing proof of vaccination in accordance with orders of the provincial health officer made under the *Public Health Act*;
- (c) proof, whether electronic or in writing, issued
 - (i) by the government of Canada or of a province of Canada, and
 - (ii) for the purpose of showing proof of vaccination in accordance with an order made in the exercise of a statutory power with respect to the protection of public health or the facilitation of international travel;
- (d) in the case of an international visitor,
 - (i) proof, whether electronic or in writing, relied upon to enter Canada, and
 - (ii) the person’s passport or photo identification;

4. Subject to a direction by me, on the recommendation of a medical health officer, that this Part of the Order does not apply to a premises in the geographic area of the Province for which the medical health officer is designated, the following requirements apply:

- (a) An operator must only serve patrons who are vaccinated or have an exemption and who have provided proof of vaccination or proof of exemption.
 - (b) A patron must be vaccinated or have an exemption and must provide an operator with proof of vaccination or proof of exemption in order to be served in a premises.
 - (c) An operator must not permit a patron who is not vaccinated or does not have an exemption and who has not provided the operator with proof of vaccination or proof of exemption, to remain on the premises.
 - (d) A patron who is not vaccinated or who does not have an exemption and who has not provided an operator with proof of vaccination or proof of exemption must not be on or remain on the premises.
5. Commencing at 12:01 AM on December 31, 2021, an operator must scan the QR code on a vaccine card in order to determine whether a participant is vaccinated.
 6. An operator must not scan the QR code with a tool other than a BC Vaccine Card Verifier App.
 7. Subject to section 8, an operator must not retain proof of vaccination or proof of exemption, or use it for any purpose other than to confirm that a patron has been vaccinated or has an exemption as required by this Order.
 8. Despite section 7, with the written consent of a patron, an operator may keep a record of the fact that the patron has provided proof of vaccination or proof of exemption in compliance with this Part until this Order expires or is repealed, and the operator may rely upon this record to satisfy the requirements in this Part with respect to the service or presence of the patron at the premises.

D. PATRONS OF PREMISES TO WHICH PARTS B OR C APPLY

1. A patron must not enter premises, or must leave premises, if so directed by the operator or a member of staff.
2. A patron must comply with the requirements or prohibitions in Parts B or C which apply to a premises, and with measures, guidance or direction from an owner, operator, or member of staff, intended to avoid the congregation of patrons, to implement the provisions of this Order and to ensure compliance with the *Face Coverings (COVID-19) Order*.

E. DELEGATION OF AUTHORITY TO THE MEDICAL HEALTH OFFICER

Under the authority vested in me by section 69 of the *Public Health Act*, I delegate my authority under section 43 of the *Public Health Act* to the medical health officer for the geographic region of the Province in which a person resides to receive, consider, and make a decision with respect to a request for reconsideration made by the person on the basis of a medical deferral to a vaccination, and to add conditions to or change conditions on an exemption, or to suspend or cancel an exemption.

F. RELATED MEDICAL HEALTH OFFICERS ORDERS

Recognizing that the risk differs in different regions of the province, and that medical health officers are in the best position to assess local circumstances and to determine whether additional or more restrictive steps need to be taken to reduce the risk of the transmission of COVID-19, **I FURTHER ORDER:**

1. A medical health officer may issue an order further to this Order, for the purpose of having the provisions of the order incorporated into this Order. An order may add further prohibitions, or impose more restrictive limitations or conditions, in the whole or part of the geographic area of the Province for which the medical health officer is designated and, subject to section 2, the provisions of the order are incorporated into this Order when posted on my website. For certainty, a contravention of an order of a medical health officer issued further to this Order, and posted on my website, is a contravention of this Order.
2. While it is in force, a provision in an order made by a medical health officer further to this Order and posted on my website, which adds further prohibitions or imposes more restrictive limitations or requirements than this Order, applies in the whole or part of the geographic area of the Province for which the medical health officer is designated, despite the provisions of this Order.

Except as provided in section 5 of Part C, which comes into effect on 12:01 AM on December 31, 2021, the provisions of this Order come into effect at 11:59 PM on December 22, 2021, and

- (a) Part A expires at 12:01 A.M. on January 18, 2022,
- (b) Sections 6 to 12, 14 and 17 of Part B expire at 12:01 A.M. on January 31, 2022,
- (c) Part C expires at 12:01 A.M. on January 31, 2022,
- (d) Sections 1 to 5, 13, 15, 16 and 19 of Part B do not have an expiration date.

After weighing the interests of patrons and staff in food and liquor serving premises, against the interests of persons who are not vaccinated for reasons other than a medical deferral to vaccination, and taking into account the importance of protecting the health of participants and staff, the stress under which the public health and health care systems are currently operating, and the impact this is having on the provision of health care to the population, the burden which responding to more clusters and outbreaks of COVID-19 would put on the public health system, the burden which responding to more patients with serious illness would place upon an already overburdened health care system, and the risk inherent in accommodating persons who are not vaccinated, and for the reasons set out in my Variance of November 12, 2021, posted on my website, I have decided, 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 *Act*, to confirm the application of the Variance to this Order, and, in accordance with the Variance, will not be accepting requests for a reconsideration of this Order, except from an individual on the basis of a medical deferral to a vaccination.

A request for an exemption from providing proof of vaccination must be made on the basis that the health of the person would be seriously jeopardized if the person were to be vaccinated, and must follow the guidelines posted on the Provincial Health Officer's website (<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>).

A request under section 43 may be submitted to the Provincial Health Officer at PHOExemptions@gov.bc.ca with the subject line “Request for Reconsideration about Proof of Vaccination”.

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 Act, I will not be accepting requests for a review 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*.

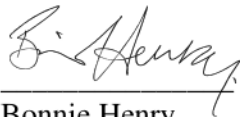
If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

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

DATED THIS: 22nd day of December 2021

SIGNED:



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

Delivery By: Posting on the BC Government and the BC Centre for Disease Control websites.

Enclosure: Excerpts of the *Public Health 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.

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.

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*];

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.

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*];

From: Diemert, Sabrina HLTH:EX
To: "Chen, Jun (Tom) [NH]"; "Jantzen, David [VCH]"; "Millard, Timothy"; "Russell, Chris"; "Choquette, Blair"; "Stephanie.Tooke@fnha.ca"; "Heather.Hutton@islandhealth.ca"
Subject: Guidelines for Pool Design and Operations - Interim Version 3
Date: October 1, 2021 6:03:00 PM
Attachments: pool_design_guidelines_oct_2021_v3_interim.pdf
pool_operations_guidelines_oct_2021_v3_interim.pdf

Good afternoon HARWC,

Please find attached the finalized Interim Version 3 for the:

- Guidelines for Pool Design
- Guidelines for Pool Operation

I made some minor changes from the previous version distributed based on comments from this group, the PHEs, and my review.

Chris and I will be presenting the guidelines to the Regional Directors next Tuesday. After this, we'll get them posted to the Ministry website.

Cheers and have a great weekend,

Sabrina

Sabrina Diemert, P.Eng., Ph.D. | Drinking Water/Wastewater Engineer
Ministry of Health | PO BOX 9646 Stn Prov Gov't | Victoria BC | V8W 9P1
Phone: (236) 478-0663 | Fax: (250) 952-1713
She/her

I gratefully acknowledge that I live & work on the traditional territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Sel̓ilwítulh (Tsleil-Waututh) peoples.

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**B.C. GUIDELINES FOR
POOL DESIGN
INTERIM VERSION 3**

OCTOBER 2021

**HEALTH PROTECTION BRANCH
MINISTRY OF HEALTH**



PREFACE

This document, *B.C. Guidelines for Pool Design*, is intended to help designers, operators and regulators interpret the B.C. Pool Regulation, B.C. Reg. 296/2010 (pursuant to the *Public Health Act*) with respect to pool design. The guidelines represent generally accepted standards of safe practice. Depending on the type of pool and the use to which it is put, higher design standards might be necessary. It is the responsibility of each pool owner to ensure optimum water quality and pool safety.

In this document, “should” indicates a generally accepted design standard, whereas “must” denotes a requirement of the Pool Regulation, B.C. Building Code, B.C. Plumbing Code, B.C. Electrical Code or other applicable regulation. Where there is a discrepancy between existing B.C. legislation and these guidelines, the legislation shall prevail. Note that these guidelines typically refer to the BC Building and Plumbing Codes except in instances where there are regional/municipal bylaws.

The guidelines may be reviewed and updated from time to time. Please visit the Ministry of Health’s Recreational Water Quality website¹ for updates.

¹ http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html

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PART ONE: PERMITTING PROCESS

1 CONSTRUCTION PERMIT

1.1 CONSTRUCTION PERMIT APPLICATION PROCEDURE

Under Section 5 of the Pool Regulation, a person must not construct (install, repair, renovate, or alter) a pool unless the person holds a construction permit issued under the Regulation and complies with the terms and conditions, if any, of the permit.

An application for a construction permit must be completed, signed, and submitted to the local health officer. The person applying for the construction permit shall ensure that the pool information sheets are duly completed by the project design professionals.

Design professionals are design architects registered or licensed under the *Architects Act* and/or design engineers who are registered under the *Professional Governance Act* as professional engineers or professional engineering licensees. The pool information sheets will be considered as statements of fact to support the health officer's evaluation and decision to issue a construction permit under Pool Regulation section 5(3). Where the project involves more than one design professional, each design professional must initial the items pertaining to their respective design responsibilities.

As well as the application for a construction permit, all related plans and specifications for the construction as prepared, sealed and certified by an architect or engineer must be submitted to the health authority. The pool owner, or their authorized agent, must sign the declaration in the application for a construction permit, confirming that the pool will be constructed in accordance with the plans and specifications accompanying the application. The application for a construction permit, which includes pool information sheets, is available in Appendix C.

A preliminary version of the pool data sheet (Appendix B) should also be submitted with the Application for Construction Permit. It is recognized that at time of construction permit application, the pool data sheet would be based on preliminary estimates for flow rates, head, and other key operating parameters. If parameters change, the pool data sheet should be resubmitted with the updated actual operating information and recalculations if required.

Further information on the permitting process can be obtained from the local health authority. The applicant should directly contact the local health authority and its approving officer if there is any deviation from these guidelines in the plans for pool construction.

1.2 POOL REPAIRS AND ALTERATIONS

Pool repairs and alterations require a construction permit, unless a health officer waives the requirement for one under Pool Regulation section 5(6). The application procedure outlined in section 1.1 of this guideline document should be followed, including the completion of the pool information sheets. In these cases, only the health hazard related design parameters relevant to the pool repair or alteration need initialing on the pool information sheets from the design professional.

1.3 CONSTRUCTION PERMIT WAIVERS

The health authority must be notified of any proposed or planned construction and supplied with any information the health officer may require. Based on the information provided, the health officer can advise on whether a construction permit is required.

According to Section 5(6) of the Pool Regulation:

A health officer may waive the requirement for a construction permit

- (a) on request of a person and after receiving any information the health officer may require, and*
- (b) if the proposed construction is a repair or alteration*
 - (i) performed for emergency purposes, or
 - (ii) that is so minor that requiring a construction permit is not necessary to protect the public interest.

2 OPERATING PERMIT

A person must construct the pool in accordance with the plans and specifications submitted with the construction permit application, unless prior written approval is obtained from a health officer.

Once the pool is constructed, an annual operating permit will be required before pool operation can begin (with the exemption of certain spray pools²). As part of the information package supporting the application for an operating permit, a signed statement from an engineer or architect must be submitted. This signed statement must confirm that the pool has been constructed so as to substantially comply, in all material respects, with the plans and specifications submitted with the application for construction permit. A completed pool data sheet providing details of the pool as constructed must also be provided. The pool data sheet is available in Appendix B as part of the application for operating permit.

Where the project involves more than one design professional, each design professional may submit a signed statement and completed pool data sheet covering only their respective design responsibilities. These signed statements must be submitted together and cover all aspects of the pool construction.

As per section 6(2)(a)(ii) and section 13 of the BC Pool Regulation, a pool safety plan must also be prepared by an operator and submitted as part of the operating permit application process. The pool safety plan is a written plan that provides information and describes actions to protect the health and safety of pool users. It provides clear procedures for staff training, facility maintenance and upkeep, and incident response – reducing the chance of harmful events.

The pool safety plan should include information on the pool design. This information can be summarized in a pool data sheet for easy reference, in addition to operating manuals and record drawings. A pool safety plan template is provided in the *Guide and Pool Safety Plan for Pool Operators*, available on the Health Protection website.³ For operation-related guidance, please refer to the *B.C. Guidelines for Pool Operations*.⁴

² Spray pools that drain to a wastewater collection system and do not recirculate the pool water are exempt from the operating permit requirement.

³ https://www2.gov.bc.ca/assets/gov/health/forms/guide_and_pool_safety_plan.pdf

⁴ http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html

PART TWO: POOL DESIGN

3 POOL SURROUND

3.1 POOL ENCLOSURE/FENCES

Fences or other controlled-access barriers around pools are required to restrict access, minimize contamination of water by foreign materials, and reduce the risk of drowning, especially for young children.

Fences are not required under the Pool Regulation for spray pools or wading pools that are drained when not in use. In the case of a spray pool that recirculates water, fencing should be in place to keep animals out of the spray pad area to help maintain pool water quality. Any building structure enclosed within the fenced area would be subject to the BC Building code (www.bccodes.ca). The Ashrae Handbook (chapter 6) also covers specific building provisions (heating/ventilation standards) for swimming pools and is available at www.ashrae.org.

FENCES

While fencing is required to minimize access to pools by unauthorized persons and animals, the main purpose of fencing is to prevent access to pools by unsupervised young children to minimize the risk of drowning. Even though some municipal building codes and bylaws may have different height requirements for pool fences, given the risk and liability, a minimum height of 1.5 m (5 ft) is strongly recommended for pool enclosures. The following design standards are intended to minimize unauthorized access to pools by young children and should be considered in the design and installation of a pool fence or barrier:

- The outside of the pool fence should be 1.5 m (5 ft) high all the way around the perimeter of the pool area.
- The design of the pool fence should be non-climbable with no indents or projections:
 - Fence details that could create a climbing hazard should be avoided.
 - Decorative fences and walls that provide toe and finger holds should also be avoided.
- The bottom of the pool fence should be less than 10 cm (4 in) above the ground all the way around the perimeter of the pool area so that a small child cannot get under it.
- Vertical or near vertical pickets should be less than 10 cm (4 in) apart so that a small child cannot slip between them.
- All horizontal or near-horizontal fence rails should be more than 115 cm (45 in) apart so that a small child cannot step from one rail to another.
- Decorative cut outs in fencing should be no more than 44 mm (1.75 inches) in width.
- Diagonal openings in chain-link and wood lattice types of fences should not have any openings that would allow the passage of a spherical object having a diameter exceeding 38 mm (1.5 inches).
- The top of the pool fence should be 1.5 m (5 ft) away from any objects that could help a small child climb over the fence (e.g., barbeques, trees, rocks, shrubs and deckchairs) (see Figures 1 and 2):
 - The length of the radius of the quadrant should be equal to the fence height or distance to the nearest climbable object.

B.C. GUIDELINES FOR POOL DESIGN

- Avoid locating pool barriers so close to uphill slopes that a person could step or jump onto or over the pool barrier.

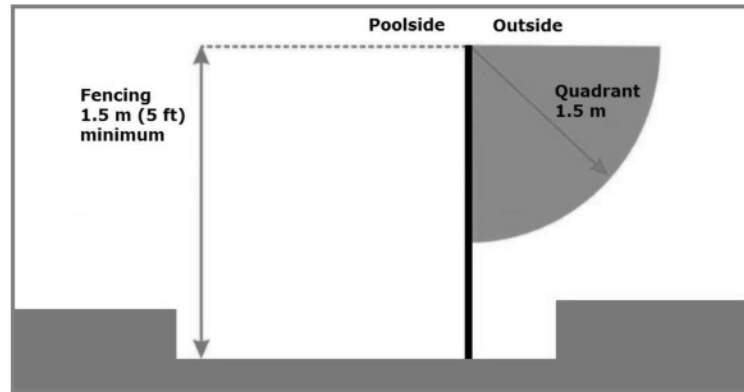


FIGURE 1: ACCEPTABLE DISTANCE FROM CLIMBABLE FEATURES

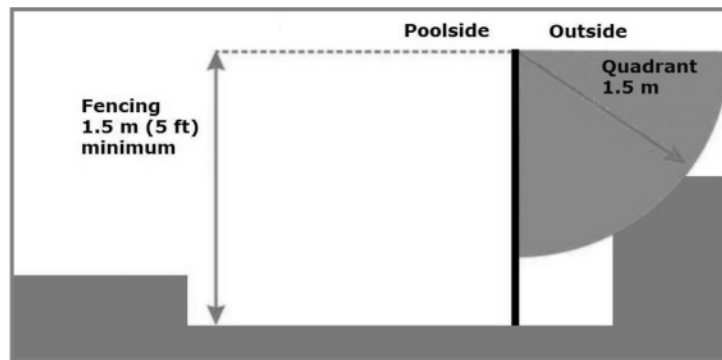


FIGURE 2: UNACCEPTABLE DISTANCE FROM CLIMBABLE FEATURES

- The enclosure and latches should be of a strength and rigidity to withstand a foreseeable impact from people.
- Direct access to the pool should be prevented from all buildings including rental units (hotel room, townhouses, etc.). Private courtyards should not be open to the pool deck: either the pool area is fenced, or each courtyard is equipped with a fence and gate (self-closing, self-latching).

SOLID BARRIERS

A solid barrier, such as brick, concrete or manufactured rock faces, may be considered in lieu of a fence. No indentations or protrusions should be present, other than normal construction tolerances and masonry joints. The Brick Industry Association's Guide Specifications for Brick Masonry has established a maximum vertical alignment tolerance of 0.64 cm (0.25 in) from plumb in 3.05 m (10 ft) for brick walls and other types of masonry construction such as manufactured rock walls.

HEDGES, BUSHES AND PLANTINGS

Hedges, or other plants, do not constitute a fence or solid barrier and are not acceptable in lieu of a fence.

GATES

Pool fence gates should:

- Be self-closing, self-latching; and as deemed necessary, lockable.
- Be supported on substantial hinges capable of supporting 90 kg (200 lb) of body weight.
- Have a latch operating mechanism that is:
 - At least 1.4 m (4.5 ft) above the ground.
 - Located on the inside of the pool enclosure.

Where entry gate latches are less than 1.4 m (4.5 ft) above the ground:

- Door and gate latches should be provided with a continually locked, key carded or other equivalent access control system.
- A solid material with a radius of at least 46 cm (18 in) should protect the latch in doors and gates that are constructed of materials that may allow children to reach through or over the top of the door or gate (see Figure 3).

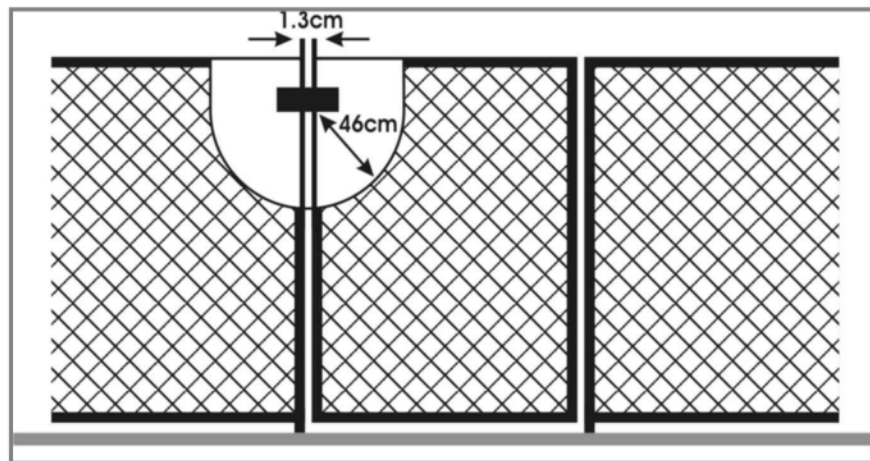


FIGURE 3: LATCH PROTECTION DETAIL FOR LATCHES LESS THAN 1.4 M ABOVE GROUND

INTERIOR POOL ENCLOSURES

Walls can serve as an access barrier for interior pools. Walls with windows that have a sill height of less than 1.2 m (4 ft) should not be used as part of the pool enclosure. Many drowning deaths of young children can be directly attributed to access from an open door onto a pool deck. Pools must be enclosed fully on all sides to minimize risks. Note, as well, that gates should be equipped with locking mechanisms or card swipe feature to prevent unauthorized entry (see also section 3.1 - Gates).

OTHER CONSIDERATIONS

- Fencing structures that provide a flexible opening should be evaluated to ensure the dimensions do not exceed standards when light forces, such as those a child could exert, are applied to the barrier (e.g., tempered glass that flexes on its supports). The opening cannot exceed 10 cm (4 in) when flexed.
- Additional fencing requirements may exist in local bylaws. Many local bylaws recommend a fence height of 1.5 m (5 ft) or greater for backyard (residential) pools. This height may be enforced by the local building department for commercial pools.
- A fence height of 1.5 m (5 ft) or greater should be used when a pool is located:
 - Near a (public) pedestrian walkway or thoroughfare.
 - Near a road or parking lot.
 - Adjacent to a bar, restaurant or patio, etc.

3.2 DECKS AND DECK DRAINS

Pools should have sufficient room surrounding them to allow patrons including those with disabilities to pass safely and allow staff and emergency workers access to all areas of the pool. There should be sufficient room for an ambulance gurney to pass easily.

POOL DECK

A continuous walkway should extend completely around the pool and should:

- Provide a minimum walkway width of 1.2 m (4 ft) beyond the edge of the pool and gutter. (see Appendix D for pandemic considerations).
- Maintain a minimum 1.2 m (4 ft) wide deck around obstructions; such as pool features (e.g., slides, columns and play features); and other possible obstructions (e.g., rolled up pool covers) to provide adequate emergency access.
- Provide drainage to mitigate deck water from entering the pool and deck level gutter (where provided) in a manner that will not create muddy, hazardous or objectionable conditions within the pool enclosure, and will facilitate washing and drainage without obstructions to the drains.
- Slope to drain with a minimum uniform slope of 2% (1 in 50) and a maximum slope of 4% (1 in 25), except for wheelchair (accessible) ramps.
- Have decorative features, where used, (such as those used to direct foot traffic) that are slip-resistant, and do not interfere with deck drainage or impede emergency access.

Linear drains generally result in fewer irregular deck slopes than point drains. Where practical, linear drains should be considered.

Internal pool walls are walls that divide a pool into two or more sections but are not intended to be walked on. Such walls may be less than 1.2 m (4 ft) wide. Signage should be placed indicating “no bather access,” as appropriate. Such dividing walls should be capped with a finish that discourages patrons from standing or walking on these surfaces (e.g., decorative rocks).

ABOVE GRADE RAISED POOL WALLS

Generally, the following objectives should be followed regarding above grade raised pool walls:

B.C. GUIDELINES FOR POOL DESIGN

- Raised pool walls are normally not allowed for swimming pools but may be considered for hot tubs.
- If a raised wall is present, there must be an alternative accessible rescue route available. For example, if a pool has a raised wall, the pool edge (adjacent or opposite to the raised wall) must be flush to the deck to provide rescue access to the pool. Note that a raised pool wall is defined as any element within the pool water higher than the surrounding deck level and is narrower than 4 feet.
- A minimum deck width of 4' should be maintained for the adjacent pool deck.
- For hot tubs, raised walls should be less than 18" above the pool deck with a minimum 12" wide non-slip surface on the top.
- In all cases, adequate built-in steps or ladders are required.

INFINITY EDGES

Infinity edges should be designed according to the MAHC section 4.5.15 (which includes the provision of not more than 50% of the pool perimeter incorporating infinity edge detail unless an adjacent and patron-accessible deck space conforming to MAHC section 4.8.1 is provided).

DECK DRAINS

Deck drains should:

- Be at least 10 cm (4 in) across and covered with a grating with openings that do not cause toe entrapment (approximately 8 mm (0.3 in)).
- Be designed and installed to have no sharp edges that could cause injury.
- Retain a slip-resistant texture and cause no discomfort to bare feet.
- Be spaced no more than 7.6 m (25 ft) apart so that no more than 37.2 m² (400 ft²) of walkway area is contributing to any one drain.
- Be connected to a drainage system that is designed in accordance with good engineering practice and the B.C. Building Code.

POOL COVERS

Pool covers, where used, should not impede emergency access to any point along the pool perimeter. This can be achieved using roll-away pool covers, recessed pool cover spools, or wall mounted pool cover spools. Pool covers may be installed on the pool deck provided that:

- A 1.2 m (4 ft) wide deck space is maintained around the perimeter of the pool so that adequate emergency access can be attained. Note that rolled up pool covers should not be within this 4 ft clearance around the pool basin.
- Deck drainage is not impeded.
- Cover hardware does not pose a slipping, tripping or stubbing hazard.

REDUCED WALKWAYS

Pools that are less than 10 m² (108 ft²) in area may have a reduced walkway width of 60 cm (2 ft) for up to 75% of the pool perimeter. Such pools may include hot tubs and therapeutic pools. The access to the pool should be from a walkway 1.2 m (4 ft) or greater in width (see Appendix D for pandemic considerations).

ACCESSIBILITY

See section 3.9 for information on deck design for accessibility.

3.3 FLOORING

Flooring within the pool area – including floors in dressing rooms, shower stalls, toilet areas, decks, stairs, and other walking areas, as well as flooring cove joints – should:

- Be made of durable material that is impervious to moisture and designed to minimize bacterial growth.
- Allow for easy and thorough cleaning and disinfection.
- Retain a nonslip (slip-resistant) texture and cause no discomfort to bare feet.
- Be free of tripping hazards such as uneven surfaces or changes in elevation.
- Wherever practical and for pool areas exposed to direct sunlight, be of a surface material and colour that does not cause the deck surface to become too hot (e.g. to cause burns to bare feet).
- Be free from physical hazards that could cause injury to bare feet.
- Be designated by the manufacturer as suitable for walking surfaces in wet areas or for use in pool areas.
- Be covered at the wall juncture for ease of cleaning and disinfection.
- Allow free drainage over the deck surface (stamped concrete is not acceptable).

TILE SLIP RESISTANCE TREATMENTS

Use of chemical treatments to enhance the slip resistance of existing tiles should be discussed with a health officer prior to application. In some cases, these treatments can affect the tile's integrity and lead to maintenance difficulties.

TILE SIZE

Smaller tiles, less than 10 cm x 10 cm (4 in x 4 in) on pool decks and 5 cm x 5 cm (2 in x 2 in) in pool basins – help reduce slip hazard. Since smaller tiles have a greater density of grout lines than larger tiles, smaller tiles provide more slip resistance than larger tiles of the same material. Tiles greater than 15 cm x 15 cm (6 in x 6 in) – are not recommended due to potential slip hazards and difficulty in maintaining pool deck slope.

CONTRASTING COLOURS

The use of contrasting colours or textures should be limited to the delineation of edges such as those on stairs, ledges, and drop-offs. Also, the use of contrasts on floors and deck surfaces for reasons other than delineation may pose challenges to those with impaired cognition or limited vision.

HOSE BIBS

Hose bibs should be provided in a sufficient number to allow for cleaning throughout the pool area. They should be equipped with a CSA or equivalent hose bib vacuum breaker for cross-connection control.

DOORS AND WINDOWS

Doors and windows within the pool area should have frames, glazing and materials that:

- Minimize uncontrolled condensation.
- Withstand humid and corrosive environments.
- Minimize or do not contribute to bacterial growth.

3.4 LIFEGUARD STANDS

Lifeguard stands (including lifeguard chairs) are not required by regulation. Owners and operators are encouraged to include lifeguard stands where the facility size and light (whether natural or artificial) significantly impact the lifeguard's ability to see an unobstructed view of the pool bottom and all patrons within the area of surveillance. The need for lifeguard stands should be based on factors such as facility size, design, bather load, patron age and activity. Where deemed appropriate for use, an elevated platform or chair not less than 1.8 m above the water surface should be included.

Where the pool area is greater than 150 m² but not greater than 230 m², at least one lifeguard control station should be included; and where the pool area is greater than 230 m² at least two lifeguard control stations. The important outcome is that the pool is under complete and vigilant surveillance at all times. Whether that is best done from the pool deck, a lifeguard stand, or a combination of the two, is a matter of best judgment by an experienced lifeguard, supervisor and/or pool manager at the pool facility.

Where installed, the number, location and use of lifeguard stands should be included in the pool safety plan. Lifeguard stands may be secured to the pool deck, or moveable stands may be used. Lifeguard stands should be built specifically for lifeguarding use, such as those available from pool equipment suppliers, with considerations for visibility, chair stability and ease of entry/exit.

3.5 DIVING BOARDS AND PLATFORMS

DEPTHS AND CLEARANCES

Pools where diving is permitted should have adequate clearances and a water depth greater than 2 m (6.5 ft) for safe deck-level diving.

Clearances and water depths for pools with springboards, diving platforms, starter blocks, and pools used for sanctioned aquatic competitions or training for competitions involving shallow entry dives are outlined in Sections 2, 3, 5, and 6 of the Fédération Internationale de Natation (FINA) Facilities Rules.⁵

⁵ <https://www.fina.org/rules/facility-rules>

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See the *B.C. Guidelines for Pool Operation* for details on portable diving stands.

In a conspicuous location, where a pool has a maximum water depth of less than 2.5 meters, in letters not less than 140 mm high, the words CAUTION – AVIOD DEEP DIVES or the words SHALLOW WATER – NO DIVING should be included.

Ensure that where the springboards are provided with movable fulcrums, the mechanism is locked into the forward position. Warning signage restricting use - and moving the fulcrum should be posted adjacent to the diving board or platform.

Other references on these subjects include FINA CDC- MAHC Ontario Reg. 565, s. 10 and Quebec Public Baths. Lifeguards Zones.

SURFACES

Diving boards and steps leading to diving boards are to have slip-resistant surfaces.

There should be at least 1.2 m (4 ft) of clear deck space surrounding all diving equipment, including stairs and ladders (see Appendix D for pandemic considerations).

POOL BASIN MARKINGS

Wall fittings and any other necessary fittings should be installed so that a lifeline can be placed at the 2 m (6.5 ft) depth to designate the boundary between the swimming area and the diving area of the pool.

Alternatively, a 10 cm (4 in) wide marking strip of contrasting colour may be placed down the sides and across the floor of the pool at the 2 m (6.5 ft) depth to designate the boundary between the two areas. Note that pool wall fittings for lane ropes shall be recessed and not protrude into the basin.

3.6 DECORATIVE ROCKS

Decorative rock features should:

- If located adjacent to shallow pool water:
 - Be next to a “no diving” sign and set back from the pool edge so patrons cannot jump from the decorative rock features into the pool, or
 - Be placed at the pool edge if the feature is less than 30 cm (12 in) in height and occupies no more than 5% of the pool perimeter.
- If located at or adjacent to deep pool water:
 - Be considered a diving platform. Therefore, the adjacent pool area should conform to diving envelope design specified in this document.
- Have a nonslip surface without sharp or cutting edges in any areas that provide a potential foothold, stepping or standing access.
- Have an easily cleaned and maintained surface that does not encourage bacterial growth.
- Not allow water to pool.
- Slope to drain water away from the pool.

3.7 LANDSCAPING

Landscaping should be designed with drainage that drains away from the pool deck. For interior pools, planters should be watertight and fitted with a drainage system. There should be sufficient surrounding barrier width to prevent soil or water from the planters or landscaping to discharge onto the deck area. Barriers should be slightly raised or inclined to prevent floor-cleaning water from entering the planter.

Select plantings and planting locations so that the pool areas remain visible to lifeguard staff and no deep shadows are developed when plants have fully matured. Consider barriers such as pickets or hedges at the landscape edge of the pool deck to discourage bather traffic onto the landscaped areas.

SOIL

Soil can contain bacteria, such as *Pseudomonas aeruginosa*, which could contaminate the pool water if allowed to drain onto the pool deck.

3.8 SPECTATOR SEATING

Spectator seating should allow for at least 1.2 m (4 ft) between the edge of the pool and the seating.

Spectators should not have direct access to the pool area, and a physical barrier (wall, railing, etc.) should be in place. Spectator traffic should not go through the swimming area. Consideration should be given to accessibility for spectators. Refer to the B.C. Building Code for details on assembly seating (see Appendix D for pandemic considerations).

3.9 ACCESSIBILITY

According to the B.C. Building Code, access for persons with disabilities must be provided for all public facilities rated as Group A, Division 3, including pools. Public facilities should be designed such that a person with disabilities is able to access and circulate within the pool facility. Where pool facilities are to be designed for accessibility, the design shall be in accordance with the B.C. Building Code. Areas where design for accessibility is required include external access, changing and toilet facilities, and means of pool and spa entry and exit.

Signage ideograms are useful to communicate risk to those with limited English or literacy and can be used to advise the public of safe practices in, on, and around water. Emergency alarms need to have an audible and visual signal when alarms are activated.

Special considerations specific to pool accessibility that may not be covered in the B.C. Building Code should be designed following good design practices, such as the use of the ADA Accessibility Standards⁶ (Section 1009 — Swimming Pools, Wading Pools, and Spas) or the U.S. Access Board's Accessibility Guidelines for Accessible Swimming Pools & Spas.⁷ Where there is a conflict between the ADA Accessibility Guidelines and the B.C. Building Code, the Building Code requirements shall prevail.

⁶ <https://www.access-board.gov/ada/#ada-1009>

⁷ <https://www.access-board.gov/files/ada/guides/pools.pdf>

DECK DESIGN

Deck design for accessibility should include:

- Wheelchair access to pool and change facilities.
- Storage space for mobility aids near pool entrance (areas where walkers, canes and wheelchairs can be stored without creating a trip hazard).
- Seating areas along stretches of walkways for those who may easily tire when walking long distances.

LIFTS AND HOISTS

Where used, lifts and hoists for accessibility should:

- Be removable when not in use or designed in such a way that they do not project in the pool and pose a hazard to swimmers.
- Maintain a 1.2 m (4 ft) deck around the lift or hoist except along the pool edge.
- Provide sufficient clear deck space for a lift user to position a wheelchair next to the lift (e.g., an area extending relative to the back of the lift chair or sling, 30 cm behind, 1.2 m in front, and 0.9 m away from the pool deck).
- Be positioned according to the manufacturer's requirements.
- Be certified to UL 60335-2-1000 and installed in accordance with the manufacturer's installation instructions and to the current ICC/ANSI A117.1 standard (Model Aquatic Health code section 4.5.10.2).

4 POOL BASIN

4.1 POOL BASIN SURFACES AND FINISHES

POOL BASIN SURFACES

A pool basin should:

- Have a slip-resistant bottom surface where the water depth is less than 1.5 m (5 ft) including lane markers, patterns, and other design features.
- Have a smooth bottom surface where the water depth is greater than or equal to 1.5 m (5 ft).
- Have a surface made of durable material that:
 - Is impervious to moisture.
 - Allows for easy and thorough cleaning.
 - Causes no discomfort to bare hands and feet.
- Be free of tripping hazards such as uneven surfaces.
- Be free of physical hazards that could injure bare feet.
- For pools with skimmers, have smooth tiles along the water's surface to allow cleaning of scum line.

Junctions between pool walls and floors should be coved with a radius of curvature of no less than 2.5 cm (1 in) and no more than 15 cm (6 in).

Hot tub walls should have smooth vertical surfaces to promote ease of cleaning.

POOL BASIN FINISHES

Pool basin finishes can include tile, glass, and both plain and painted concrete. The pool basin finish should have the following properties:

- Nontoxic and nonhazardous.
- Does not pose a cutting, pinching or abrasive hazard.
- Easy to clean.
- Durable and watertight.
- No cracks or open joints.
- Able to withstand design stresses.

4.2 UNDERWATER PROJECTIONS

There should be no submerged projections in a pool other than properly marked stairs, steps, safety ledges, seats or benches.

Underwater ledges may be provided on vertical walls at the deep end of a pool. They should:

- Be a maximum of 15 cm (6 in) wide.
- Be at least 1.2 m (4 ft) below the water surface.
- Have ledge noses rounded and marked in a contrasting colour.

Seats and benches may be installed in a pool basin. Seats and benches should:

- Have a slip-resistant surface.
- Have edges marked in a contrasting colour.
- Be located outside of water slide landing areas and other high-use locations that could cause a safety hazard to bathers.

4.3 POOL BASIN FLOOR SLOPE

Pool floor slopes should be uniform and not greater than:

- 1 in 12 where the water depth is less than 1.5 m (5 ft).
- 1 in 2 where the water depth is greater than 1.5 m (5 ft).

Wading pools and spray pools floors should have a maximum slope of 1 in 15 and a minimum slope of 1 in 50. Wading pool floor slopes should be uniform. There should be no abrupt drop-offs in a pool.

FLOOR SLOPES

Maintaining safe floor slopes lets patrons move safely into deeper water.

4.4 POOL BASIN COLOUR AND PATTERNS

POOL BASIN COLOUR

Light reflectance value (LRV) is a measure of the amount of light reflected by a colour and may be used to determine the suitability of a pool basin colour. For ceramic tiles, the LRV is measured using the ASTM

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C609 – 07: Standard Test Method for Measurement of Light Reflectance Value and Small Color Differences between Pieces of Ceramic Tile. Not all manufacturers have LRV data for their finishing materials. In these situations, the finishing material may be compared to the LRV of an equivalent paint colour.

Pool basin colour should:

- Be white or light in colour. If a mix of colours is used, no single colour should have a light reflectance value of less than 60:
 - An International Lifesaving Society study (2007) found that white pool walls and bottom provided greatly improved visibility over light blue colours.⁸
 - Light-green tiles can make detection of algae or water quality problems difficult.
- Not obscure steps, changes in depth, underwater patrons, objects or debris.
- Limit darker areas (LRV of less than 60) to lane lines, accents on patterns, stair noses, etc., as long as the darker areas will not unreasonably interfere with the visibility of patrons in the water.

POOL BASIN PATTERNS

Pool basin patterns and designs should not be of a size and shape that could be mistaken for a human body.

If there is question as to whether a final finish colour, or pattern of colours, is acceptable, a 150 mm (6 in) diameter black disk at the deepest point of the pool or spa should be clearly and immediately seen by an observer standing on the pool deck at a point closest to the disk.

If the pool basin incorporates a number of different colours, designs or patterns, then a drawing of the pool floor area with the proposed colours, designs or patterns should be submitted with the application for a construction permit.

4.5 DEPTH MARKINGS

Depth markings for pools should:

- Be non-slip.
- Be visible to swimmers in the pool.
- Clearly indicate the numerical depth of water in Arabic numerals with a minimum height of 10 cm (4 in) for each numeral.
- Be of a colour contrasting with the background.
- Be located:
 - For gutter pools, above the water surface on the pool wall and on the walkway at the pool edge.
 - For deck level pools, overhead or on another structure, as long as the markers are in full view from all locations in the pool and along the pool edge.
- Be located at:
 - Maximum and minimum depths.
 - 30 cm (1 ft) depth increments between the shallow depth and the point of break inclusive.

⁸ <http://www.ilsf.org/drowning-prevention/library/factors-affecting-lifeguard-recognition-submerged-victim-implications>

- Intervals of no more than 7.6 m (25 ft) measured on the periphery of the pool.

Depth markings may be omitted for hot tubs with a surface area of under 10 m² (108 ft²) where health hazards are managed through other signage, such as “no diving” signs.

UNITS FOR DEPTH MARKINGS

Section 11(2)(f) of the Pool Regulation requires that the numerical depth of water be clearly marked in a pool. While metric units should be used for new pools, the use of imperial units, or both imperial and metric units, is considered acceptable for existing pools. For pools with only one type of depth marking unit, signage may be provided by the operator showing equivalent values in other units.

4.6 STEPS, STAIRS AND LADDERS

A suitable means of entry and exit should be provided for all patrons. Access to a pool can be achieved using stairs, recessed and semi-recessed steps, ramps and/or ladders. Where stairs and ramps cannot be used for access, lifts may be acceptable.

GENERAL REQUIREMENTS

Stairs, steps (recessed and semi-recessed), and/or ladders should be:

- Provided at the shallow end of the pool if the vertical distance from the bottom of the pool to the deck or walkway exceeds 1.2 m (4 ft).
- Provided at the deep portion of the pool (steps and ladders only):
 - If the pool is over 10 m (32 ft) wide at the deep end, steps or ladders should be installed on each side of the pool.
- Installed so as not to interfere with competitive events.
- Secure and of slip-resistant design.
- Resistant to corrosion by pool water.

STEPS AND LADDERS

Steps (recessed and semi-recessed) and ladders should:

- Have at least four rungs/steps when placed in water depths greater than 1.5 m (5 ft).
- Be provided with suitable handrails on both sides to allow safe use.
- Have handrails not more than 61 cm (2 ft) apart.
- Have a uniform distance between ladder treads or steps of between 18 cm (7 in) and 30.5 cm (12 in).

STEPS

Steps leading into a pool may be semi-recessed or fully recessed into the pool basin. These steps should:

- Be at least 13 cm (5 in) wide and 30 cm (12 in) long.
- Where semi-recessed, protrude no more than 6.4 cm (2.5 in) from the pool wall.
- Have drainage towards the pool.

LADDERS

Ladders leading into a pool should have:

- Treads at least 7.6 cm (3 in) wide and 33 cm (13 in) long.
- A clearance distance from the pool wall of less than 9 cm (3.5 in) or greater than 23 cm (9 in).

STAIRS

Stairs leading into a pool should have:

- A minimum tread depth of 31 cm (12 in) and a maximum rise or height of 26 mm (10 in).
- The nose marked in a contrasting colour.
- A handrail within reach from all areas of the stair – i.e., no more than 75 cm (2.5 ft) away from a handrail.
- Risers, runs, and treads meeting the uniformity and tolerances of the BC Building Code.

Stairs leading into hot tubs with a surface area less than 10 m² (108 ft²) – whether prefabricated and cast in place, should have a minimum tread of 23 cm (9 in) and a maximum rise or height of 32 cm (12.5 in). Risers, runs, and treads for hot tub stairs should meet the uniformity and tolerances of the BC Building Code.

4.7 HANDRAILS AND GUARDRAILS

This section should be read in conjunction with Section 4.6.

Handrails and guardrails should:

- In accessible pools, be designed according to best practices, such as those outlined in the ADA Accessibility Standards.⁹
- For diving boards, be designed with reference to the FINA Facilities Rules (current edition, Section FR5).¹⁰
- Have vertical rails on diving platform guardrails to prevent swimmers from falling and becoming entrapped.
- Serve all treads.
- Be made of corrosion-resistant materials to allow for gripping in a wet environment.
- Be inset in the walls or have a clearance distance of less than 9 cm (3.5 in) or greater than 23 cm (9 in) from walls to reduce the risk of entrapment.

Consideration should also be given to installing handrails or grab bars in strategic locations where falls are most likely to occur – e.g., on stairs and ramps.

Where a piece of equipment is designed to be used by those under the age of 12, additional considerations should be given to the following:

- The size of the handrails should be of reduced diameter to accommodate smaller hands.

⁹ <https://www.access-board.gov/ada/#ada-1009>

¹⁰ <https://www.fina.org/rules/facility-rules>

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- Additional guardrails should be provided to prevent falling or becoming entrapped.
- Designers can reference CSA Standard CSA-Z614: Children's Playspaces and Equipment for guidance.

4.8 HANDHOLDS AND POOL COPING

Where perimeter gutter systems are not provided (refer to Section 8.2), unsupervised pools should be provided with coping or cantilevered decking, or other handholds, around the perimeter of the pool.

COPING OR CANTILEVERED DECKING

Pool coping or cantilevered decking should:

- Be constructed of reinforced concrete or material equivalent in strength and durability, with rounded, slip-resistant edges.
- Be installed no more than 23 cm (9 inches) above the minimum water level.
- Include an overhang between 2.5 – 5.0 cm from the vertical plane of the pool wall, with a thickness not exceeding 5.1 cm (2 inches).

OTHER HANDHOLDS

Handholds may be constructed as horizontal bars or recessed handholds. Considerations include:

- Handholds should be installed no more than 23 cm (9 inches) above, or 7.6 cm (3 inches) below, the minimum water level.
- Handholds should be separated by no more than 30.5 cm of pool wall.
- Recessed handholds should be at least 61.0 cm long, at least 10.2 cm high, and between 5.1 – 7.6 cm deep.

5 POOL FACILITIES

5.1 CHANGE ROOMS

GENERAL CHANGE ROOM CONSIDERATIONS

Change room facilities should be constructed in accordance with the B.C. Building Code and should include the following:

- Change rooms, toilets and showers should be located no more than 60 m (197 ft) walking distance on hard surfaces (i.e., avoiding grassed and dirt areas) from the pool.
- Showers should conform with Section 19.6 of the current ANSI/APSP/ICC-1 standard: "a minimum of 2 shower heads shall be provided for the first 100 users of each sex. One additional shower head for each sex shall be added for each additional 50 male or female users or fraction thereof."

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- Change rooms, toilets and showers should be arranged so that bathers pass from the toilet or dressing room area through the shower area and then directly to the pool area.
 - It is recommended that traffic diversion (such as a railing) be added to prevent patrons from running directly from the change room and into the pool.
- Lockers and cubby holes and privacy screens, if supplied, should be raised at least 10 cm (4 in) off the floor, and readily cleanable.
- Floors in change rooms, shower rooms and toilet areas should:
 - Be made of durable material that is impervious to moisture.
 - Retain a texture that is slip-resistant to bare feet.
 - Cause no discomfort to bare feet.
 - Have a minimum uniform slope to drain of 1 in 50.
- Walls and partitions should be of smooth, durable, impervious material, free from cracks or open joints.
- Junctions between walls and floors should be coved to facilitate easy cleaning.
- Hose bibs should be easily accessible for cleaning.
- Change rooms should include appropriate waste receptacles (see Appendix D for pandemic considerations).

UNIVERSAL CHANGE ROOMS (FAMILY CHANGE ROOM, CHANGING VILLAGES)

The B.C. Building Code provides details on universal/accessible washroom design and prescribes water closet requirements for assembly occupancies. Refer to “General Change Room Considerations” above for recommendations on showers and change room design.

5.2 PLUMBING FIXTURES

Plumbing fixtures requirements for pool facilities are outlined in the B.C. Building Code.

ACCESSIBLE AMENITIES

Accessible amenities (including universal washrooms, water closets, urinals, lavatories, and showers, including fixtures such as hand-held shower heads) are to be designed in accordance with the requirements set out in the B.C. Building Code.

DRINKING WATER

There should be at least one drinking water fountain/water dispensing unit in the pool area for each 250 bathers, or portion thereof. For outdoor pools, drinking water fountains/water dispensing units may also be located indoors in the access hallways to the pool.

5.3 TEMPERATURE OF SHOWER WATER

Both the Pool Regulation and the B.C. Building Code require that hot water provided in pool facilities not exceed 49°C (120°F). Hot water provided in pool facilities should also:

- Be provided in the recommended range of 32°C (90°F) and 43°C (109°C).

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- Minimize the risk of scalding through the use of thermostatic tempering or mixing valves.
- Where manual valves are used, be suitably marked to differentiate between the hot and cold water supply.

6 UTILITIES

6.1 NATURAL AND ARTIFICIAL LIGHTING

Under Section 11(2)(a) of the Pool Regulation, lighting must be sufficient to illuminate all portions of the pool to ensure all areas are visible to patrons, lifeguards and operators. In addition to the Pool Regulation, there are lighting requirements in the Occupational Health and Safety Regulation (Sections 4.64 to 4.69) and, where applicable, the B.C. Building Code (Section 3.2.7: Lighting and Emergency Power Systems). See section 9.34.2.7 for public spaces, and section 9.34.3. for emergency lighting.

Underwater lights may be used to help achieve sufficient illumination and must follow the B.C. Electrical Code. Lighting, whether natural or artificial, should:

- Be designed to minimize glare and reflectance from the pool.
- Be arranged to provide up lighting, which is preferred over direct lighting as it provides even light distribution across the pool area and minimizes glare.
- Meet section 4.6.1. of the Model Aquatic Health Code, which covers general lighting requirements, overhead lighting, underwater lighting, and emergency lighting level requirements.

For venues used for competitive events, it is recommended that the illumination levels listed in the current ANSI/IES RP-6 (*Recommended Practice: Lighting Sports and Recreational Areas*) are followed.

EMERGENCY LIGHTING

The B.C. Building Code provides details on the requirements for emergency lighting. Emergency lighting should also be provided for outdoor pools used at night.

Design illumination levels should be indicated at the time of application for a construction permit. Once the construction is complete, the illumination levels should be confirmed and signed-off by the project electrical engineer.

6.2 ELECTRICAL REQUIREMENTS

All electrical devices, including ground fault circuit interrupters (GFCIs), must be installed in pools in accordance with the B.C. Electrical Code to reduce the risk of injury due to electrocution. Existing pools that are unable to comply with the B.C. Electrical Code should discontinue use of the equipment.

6.3 AIR QUALITY, HUMIDITY, HVAC SYSTEMS, AND BUILDING MECHANICAL REQUIREMENTS

Pool HVAC systems must be designed in accordance with the B.C. Building Code. The designer should also refer to other relevant codes and standards (such as ASHRAE standards) as part of good engineering

practice. ASHRAE Standard 62.1: Ventilation for Acceptable Indoor Air Quality has specific provisions on indoor pool air quality. As well, see Appendix D for additional requirements to consider around pandemic.

Pool HVAC systems should:

- Provide an air exchange rate adequate to protect public health and prevent the accumulation of condensation, odours, or hazardous or toxic substances. (The *ASHRAE 2011 Handbook of HVAC Applications* recommends 4-8 air changes per hour).
- Maintain a relative humidity level between 50% and 60% in the pool area during all seasons. This range balances bather comfort, ventilation, and prevention of mold growth and condensation on the building envelope.

CHLORAMINES

HVAC systems should be designed in conjunction with water treatment systems (including disinfection) to minimize indoor air quality issues associated with disinfection byproducts such as chloramines (the smell normally associated with pools) at the pool level. Chloramines are formed when free chlorine reacts with nitrogen in the pool (e.g., ammonia from sweat, urine or perfume). Due to their density, chloramines tend to accumulate at the pool surface.

Currently there are no WorkSafeBC occupational exposure limits for chloramines; however, WorkSafeBC's *Chloramines: Safe Work Practices*¹¹ recommends that the airborne concentration of chloramines in indoor water recreation facilities be kept below 0.35 mg/m³. Provision of deck-level ventilation can help manage chloramine levels near the pool surface. Designers and operators should be aware that adjustments to ventilation rates, often to save on heating and energy costs, may create air quality issues at the pool level.

Note that additional building requirements related to ventilation are captured in the ASHRAE handbook (chapter 6) for indoor swimming pools. Access to the Handbook can be obtained at <https://www.ashrae.org/about/news/2019/ashrae-releases-new-hvac-applications-handbook>

PART THREE: CIRCULATION SYSTEM

7 GENERAL

7.1 WATER QUALITY

Source water and water quality in pools must be acceptable to the health authority and meet the requirements outlined in the Pool Regulation. The health authority may require that potable water as defined in the *Drinking Water Protection Act* be used in wading or spray pools, and to fill a pool.

¹¹ <https://www.worksafebc.com/en/resources/health-safety/books-guides/chloramines-safe-work-practices?lang=en>

7.2 WATER CIRCULATION

DESIGN FLOW RATE

All pools, except flow-through pools, should be designed to circulate water continuously. The design flow rate for pools should be as follows:

- Public pools should have a maximum turnover period of six hours (rate of four or more per 24 hours).
- Commercial pools should have a maximum turnover period of 12 hours (rate of two or more per 24 hours).
- A pool should have a maximum turnover period of two hours (rate of 12 or more per 24 hours) if it:
 - Is designed exclusively for play or leisure (i.e., wave pool, waterfall or lazy river).
 - Is equipped to generate moving water features such as waves, rapid currents, sprays or water jets.
 - Has a maximum water depth of 122 cm (48 in) or less.
- For spray pools, a 30-minute turnover is recommended.
- Hot tubs or other therapeutic pools should have a maximum turnover period of 30 minutes (rate of 48 or more per 24 hours).

Where a pool serves a combination of uses (e.g., a water slide catch pool, leisure pool and training pool), the maximum turnover period should be adjusted accordingly to account for changes in the expected bathing and associated pollution loadings.

FLOW-THROUGH POOLS

Flow-through pools (including hot springs and natural spas covered under the regulation) should have water added continuously at a design flow rate that would achieve the same turnover period as a recirculating pool (see the “Design Flow Rate” section above). The quality of water added must be approved by the health authority and maintained to meet requirements of the regulations.

MULTIPLE POOLS

All pools should be on separate and independent circulation systems. This prevents cross-contamination between pools, reduces the likelihood of rapid water-level fluctuations when bather loads in adjacent pools suddenly change, and allows individual pools to be isolated, closed and maintained without affecting the operation of other pools in the complex. Independent recirculation systems are also beneficial for the control and maintenance of pool water quality and chemistry.

Where the piping configuration enables water from one pool to be used to fill another, the piping should:

- Enable pool water to fill a hot tub, but not vice versa.
- Not interfere with the ability of the independent recirculation systems to function continuously.

WATER VELOCITY

The maximum velocity of water through any individual drain or suction fitting must be 46 cm/sec (1.5 ft/sec) or less at the design flow rate, in accordance with Section 10(2)(k) of the Pool Regulation.

7.3 CIRCULATION EQUIPMENT

PIPING

All piping should be designed to minimize friction losses and to carry the required quantity of water at a velocity not to exceed:

- 3 m/sec (10 ft/sec) in supply pipes.
- 1.82 m/sec (6 ft/sec) in suction pipes.

Piping must conform to the requirements of the B.C. Plumbing Code and should be of nontoxic material, resistant to corrosion by pool water, able to withstand operating pressures and installed according to the manufacturer's recommendations. Piping should be securely mounted and routed away from high-traffic areas to minimize the risk of breakage.

Piping related to pool operation should be properly identified through a standard system of colour coding, flow directional arrows and function labeling. Pipes may also have labeling requirements as part of a WHMIS program. Refer to the Occupational Health and Safety Regulation for details.

Colour coding should be applied to exposed piping within the pool enclosure, inside the structure of the pool and inside appurtenant structures to the pool. Coding should be based on coloured bands at least 25 mm wide spaced along the piping at intervals not greater than 1.20 m, or painting the entire outer surface of the piping in accordance with the following code: chlorine — yellow, potable water — green.

PUMPS

Pumps should be either self-priming or located below the level of the pool. The pump should be protected from damage and securely mounted on a housekeeping pad. It is recommended that an emergency shut-off button for pool pumps be included in every pool.

Accordingly, every owner of a public pool and spa should ensure that all pumps used in the operation of the spa or pool are capable of being deactivated by an emergency stop button (MAHC section 4.12.1.11.1). Owners/operators should also ensure that the following notice, in letters at least 25 mm high with a minimum 5 mm stroke, is posted above the emergency stop button: IN THE EVENT OF AN EMERGENCY PUSH EMERGENCY STOP BUTTON AND USE EMERGENCY PHONE. AUDIBLE AND VISUAL SIGNAL WILL ACTIVATE.

The emergency stop button should be tested and recorded in a log once within each period of 30 operating days. The written record of each inspection under this section should be retained by the owner or operator for at least one year from the date the record is made.

7.4 CROSS-CONNECTION CONTROL

Cross-connection control ensures that potential contamination in a pool does not impact the potable water supply or water quality in another pool. Cross-connection control measures in a pool should include:

- Approved backflow preventers on connections to a potable water supply, including:
 - Pool fill lines, including automatic pool fillers.

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- Hose bibs.
- The ability to isolate a pool's circulation system from another pool's circulation system.
- The pool filter backwash pipe should discharge to waste through an air gap that is at least twice the inside diameter of the backwash pipe.

Notwithstanding any of the above, the pool must comply with any other requirements of the *Drinking Water Protection Act* and the B.C. Building Code.

EQUIPMENT ROOM WATER SUPPLY

The water supply into the equipment room should be equipped with a Reduced Pressure Backflow Prevention Assembly (RPBA). The Canadian AWWA Cross Connection Control Manual¹² assigns pools a moderate hazard rating. The Manual notes that where a higher hazard exists (due to toxicity or health hazard), additional area protection with an RPBA is required. The potential for a health hazard exists should there be a fecal accident in the pool basin. Such a situation would increase the hazard rating for this application; therefore, an RPBA is strongly advised.

7.5 WINTER HAZARDS

Pools operating in conditions where there is a possibility of water freezing on the deck or edge of the pool should provide an effective method of heating the deck, access walkways and stairs to prevent ice formation and maintain an ice-free condition. Heated deck paths are to be clearly delineated with respect to unheated decks (MAHC section 4.8.1.8.2).

Consideration should be given to preventing ice formation on pool features to which pool users have access, such as water slides.

Pools that are shut down in the winter may require special design consideration and maintenance procedures to prevent damage to the pool during the winter.

7.6 RAINWATER FOR MAKEUP WATER

Water quality and treatment objectives for rainwater used as makeup water in a pool recirculation system should conform to the Ministry of Health's *Guidance for Treatment of Rainwater Harvested for Potable Use in British Columbia*. Furthermore, designers should refer to the CSA B805-18/ICC 805-2018 standard (*Rainwater Harvesting Systems*) for additional design criteria, in particular for rainwater collection surfaces (section 7.1).

¹² <https://www.wcsawwa.net/index.php/cross-connection-control/resources-contacts>

8 POOL BASIN EQUIPMENT

8.1 POOL INLETS

Pool inlets should be:

- Submerged at least 61 cm (2 ft) below the average operating level.
- Placed as near to the pool floor as possible if the pool water depth is less than 61 cm (2 ft).
- Floor-level type if the pool is a beach entry or zero-depth pool.
- Located to produce, in so far as possible, a uniform circulation of water and maintain a uniform disinfectant concentration throughout the entire pool.
- Spaced at least 1.5 m (5 ft) away from any skimmer, where possible.

INLET FITTINGS

Inlet fittings should:

- Be of a type whereby the rate of flow and directional angle can be adjusted to improve circulation.
- Be placed in the pool wall and spaced no more than 9 m (30 ft) apart measured from the perimeter of the pool or one fitting for each 45,460 L (12,000 U.S. gallons) of pool volume, whichever is more.

FLOOR INLETS

Where pool sidewalls are more than 13.4 m (44 ft) apart, floor inlets should be used. If floor inlets are used, the inlets should be:

- At least equal in quantity to the number of wall inlets calculated.
- Arranged to carry surface water to the gutters or skimmers.

8.2 GUTTERS AND SKIMMERS

Pool gutters and skimmers should be designed to collect 100% of the pool design flow rate. Section 10(2)(j) of the Pool Regulation requires that at least 50% of the design flow rate passes through the gutters or skimmers while the pool is in use to increase the cleansing action on the water surface and reduce suction at the main drain(s).

At least two flow meters should be installed:

- in the main drain line and gutter/skimmer line; or
- in the main drain line or gutter/skimmer line and the main recirculation line after the recirculation pump(s).

The two flow meters can be used to determine the proportion of recirculation flow through the gutters/skimmers and to confirm whether pool water is being recirculated at the design flow rate.

GUTTERS

Gutters commonly used in pools include raised-edge (conventional), deck-level and roll-out gutters. Generally, gutters should extend along the entire perimeter of pools having a surface area of more than 170 m² (1,830 ft²).

Gutters should be designed:

- To rapidly remove surface water at a rate equal to or greater than the pool design flow rate.
- To prevent the gutters from becoming flooded.
- With an interior of not less than 7.6 cm (3 in) wide and 7.6 cm (3 in) deep.
- To prevent entrance or entrapment of bathers' arms or legs.
- To provide easy access for cleaning.
- Such that water in the gutter is removed at a rate as to not allow the gutter to flood (see MAHC section 4.7.1.4.2 and annex 4.7.1.4.2).
- With a fingerhold (bull nose at the pool edge) or handhold so patrons can grab the pool edge.

Raised edge gutters should be designed:

- So that the opening into the gutter beneath the coping or deck is not less than 10 cm (4 in) and the interior of the gutter is not less than 7.6 cm (3 in) wide and 7.6 cm (3 in) deep.
- To serve as a handhold so that their edges or lips are rounded and not thicker than 6.4 cm (2½ in) for the top 5 cm (2 in).
- To extend along the entire perimeter of the pool except at steps and recessed ladders.

SKIMMERS

Skimmers may be used in place of gutters to remove surface water from a pool if the pool has a surface area of 170 m² (1,830 ft²) or less.

The number of skimmers a pool should have is the greater of:

- The number calculated at the rate of one skimmer for each 42 m² (452 ft²) of pool surface area or portion thereof.
- The equivalent number calculated based on 4.5 to 7.5 litres/min of design flow per cm of weir (3 to 5 U.S. gallons per minute design flow per inch).
- One skimmer if the design flow rate is less than 114 litres/min (30 U.S. gallons per minute).

Each skimmer should:

- Have a means to regulate the flow of water through it.
- Have a weir.
- Have a lid vented to the pool deck.
- Be positioned to remove surface water from the pool.
- Have valves separate from the rest of the circulation system in the mechanical room.
- Have equalizer lines that connect to the main drain piping, rather than terminating in the pool basin (suction hazard).

BEACH-LIKE EDGE POOLS

For beach-like edge pools with a continuous gutter along the entire length of the beach-like edge and flush with the pool floor, skimmers can be used instead of gutters between the continuous floor gutter

and the point where the water reaches a depth of 91 cm (3 ft). Enough skimmers should be provided to achieve a theoretical turnover period of less than one hour in the area to which the skimmers relate.

8.3 MAIN DRAIN AND SUCTION ENTRAPMENT HAZARDS

The main drain induces water circulation in the deeper part of a pool, draws water into the circulation system for filtration, and is used to empty a pool. A poorly or inadequately designed, installed or maintained main drain and/or drain cover are potential suction hazards. Note that drain covers are to be certified to ANSI/APSP-16-2011 or successor standards (e.g. ANSI/APSP-16-2017, which in place of “drain covers” uses the term “suction outlet fitting assemblies” or SOFAs).

Suction hazards in pools have led to cases of fatal limb entrapment, hair entanglement, and/or evisceration. Poorly designed or malfunctioning main drain outlets can cause suction strong enough to entrap body parts or hair, causing a bather’s head to be held under water, potentially causing serious injury and/or death. Drowning deaths have also occurred after the body or a limb has been held against a drain by suction of the circulation pump. Any open drain or flat grating that the body can cover completely, combined with a plumbing layout that allows a build-up of suction if the drain (or multiple drains) is blocked, can result in this kind of hazard.

Strategies to prevent accidents from suction entrapment should address five areas:

- Pool design (see *Guideline for Mitigating Suction Hazards in Pools*)¹³.
- Pool maintenance (see *B.C. Guidelines for Pool Operation*).
- Training of pool personnel (see *B.C. Guidelines for Pool Operation*).
- Emergency procedures (see *Guide and Pool Safety Plan for Pool Operators*).
- Facility signage for public awareness (see *Guide and Pool Safety Plan for Pool Operators*).

This section of the guidelines addresses pool design aspects for minimizing suction entrapment risks, including pool main drain, main drain cover, piping, and equalization fittings. For spray pools and other zero-depth aquatic areas, refer to the spray pool guidelines in section 11.4. Operational aspects are covered in the *B.C. Guidelines for Pool Operation*.

POOL MAIN DRAIN

The pool main drain should:

- Be at the deepest point in the pool to permit the pool to be completely and easily emptied.
- Have a sump depth of at least 1½ pipe diameters (complying with ANSI/APSP-16-2011 section 2.3.1 and 2.3.4 or Figure 2) to create equal suction velocity across the drain for frame-type and grate-type main drains with site fabricated sumps unless the covers are certified differently.
 - For SOFAs certified to ANSI/APSP-16-2017, covers/grates must be installed only in sump configurations authorized by the manufacturer’s installation instructions and sump specifications, or for Registered Design Professional (RDP) SOFAs, in accordance with the certified plans of the registered design professional. The sump configuration includes the flow path zone, minimum suction pipe(s) opening depth below or behind the finish

¹³ https://www.northernhealth.ca/sites/northern_health/files/services/environmental-health/documents/guidelines-on-mitigating-suction-hazards-in-swimming-pools.pdf

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surface of the pool, pipe size, pipe orientation, and minimum suction pipe opening length before any reduction in pipe size (refer to standard Figures 5 and 6).

- Have each opening covered by a grating that is not readily removable by bathers and precludes the possibility of a body forming a seal against the cover. Fasteners should meet with general requirements of ANSI/APSP-16 2011 or successor standards.

For new pools: To minimize suction and entrapment hazards, it is strongly recommended as an engineering best practice that a minimum of two drains be installed in the pool. The drains should be spaced at least 92 cm (36 in) apart so that a body could not cover both simultaneously to create a vacuum. The installation of a second drain splits the suction induced by the pump between two outlets, reducing the suction at a blocked drain. The ANSI/APSP-16-2017 standard requires SOFAs to be categorized into “blockable” or “unblockable” designations and stipulates additional requirements for installation depending on the designation; consult the standard for details if ANSI/APSP-16-2017-certified products are specified.

For old or retrofit pools (not new pools): If it is not possible to install two drains, all outlet and discharge pipes should be adequately guarded to prevent an adverse suction hazard. Design considerations to minimize suction hazards where two drains are not feasible include:

- Installing a side/vertical mounted suction fitting, as long as the main drain line and suction fitting are interconnected and the velocity through the suction fitting is less than 46 cm/sec (1.5 ft/sec) at the design flow rate.
- Installing onto the main drain line an air line (anti-suction system), supplemental vacuum relief system, or automatic pump shutoff that will relieve the suction if the intake gets blocked.
- Converting the drain plumbing into a gravity drainage system.

These devices will only minimize suction risks, not the risk of hair entanglement. Hair entanglement risks are mitigated through proper drain cover design.

POOL MAIN DRAIN COVERS

New or replacement drain covers should have the following properties:

- A flat or low-profile design for pool areas less than 1.5 m (5 ft) in depth, to minimize tripping hazards.
- A grating opening that will not entrap toes, fingers, hair or limbs.
- No sharp corners.

POOL MAIN DRAIN PIPING

The pool main drain piping should:

- Be separately valved from the gutters or skimmers and discharge into the circulation pump suction, surge tank or an approved drain.
- Have a capacity equal to 100% of the design flow rate.

HYDROSTATIC RELIEF VALVE REQUIREMENT

Pools that are not designed to resist hydraulic uplift should be provided with a hydrostatic relief valve.

DRAIN CONNECTION TO CIRCULATION SYSTEM

All pools with overflow gutter systems should have all overflow gutters connected to the circulation system through a properly designed surge tank.

EQUALIZATION FITTINGS

Skimmer equalization fittings may also pose as suction hazards. Measures to minimize suction hazards from these fittings include the following:

- Excluding equalization fittings from the pool basin (below the water line) in new pool designs.
- In new construction, routing all skimmer equalizer lines through the main drain.
- Existing skimmer equalizer lines that end below the water line should be rendered inoperable to prevent an entrapment hazard. (Contact the health authority to discuss options.)

REFERENCES

Guidelines for Entrapment Hazards: Making Pools and Spas Safer, U.S. Consumer Product Safety Commission, March 2005. Washington, D.C. 2007

8.4 VACUUM CLEANING SYSTEMS

Where a pool vacuum-cleaning system is installed, it should be capable of cleaning the entire pool floor. Vacuum cleaning systems should be designed to not create a suction or entrapment hazard when not in use. In order to minimize suction and entrapment hazards, the use of portable systems or robotic cleaners is preferred.

If the vacuum cleaning system is an integral part of the circulation system, connections should be located in the walls of the pool at least 20 cm (8 in) below the water level. To minimize the risk of an entrapment or suction hazard to pool patrons, a cap or cover is required for the suction fitting to the vacuum cleaning system. The cap should be manufactured in compliance with IAPMO SPS 4 (current edition) or equivalent.

If the vacuum cleaning system is an on-deck pump, the outlet should go to the circulation system or to waste. If fecal matter is being vacuumed, however, the outlet should only go to waste.

Electrical outlets for vacuum cleaning systems shall be installed in accordance with the B.C. Electrical Code.

8.5 OTHER ENTRAPMENT HAZARDS

Entrapment is any condition that impedes withdrawal of a body or body part that has penetrated an opening. While suction may be a major cause of entrapment, there are other situations where a person may become trapped resulting in risk of injury, strangulation or drowning. This may happen where younger children may not have the necessary cognitive ability or motor skills to safely extricate themselves, especially if frightened or panicked.

Examples of features that may pose a risk of entrapment and require special attention:

- Moveable bulkheads

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- Movable floors
- Play equipment
- Water features
- Portable stairs
- Lifts
- Skimmers in lazy rivers that may trap hands
- Exits of slides/water slides

Much of this risk can be eliminated through careful design to minimize entrapment hazards. The equipment should be used only for the purpose for which it is designed.

8.6 SURGE CAPACITY

Surge capacity in a pool is achieved through free board in pools with skimmers. In pools using gutters, the gutter, transit piping and the surge tank all contribute to the volume of surge capacity in the pool. Surge capacity increases the pool's ability to maintain a steady water level in response to sudden changes in pool use. This ensures that gutters, skimmers, and water intakes remain below the surface of the water to prevent loss of effective filtration or other circulation problems.

The surge capacity of pools should be designed for the maximum bathing load. For all pools equipped with gutters, 84 L (3 ft³) of surge capacity per bather should be provided.

SURGE TANKS

A surge tank should be installed in pools using gutters. The surge tank should have:

- A working capacity of at least 57 L (2 ft³) per bather, based on the maximum bathing load.
- A working capacity exclusive of pipe or channel capacity required for recirculation rates. The balance of the surge capacity may be provided by pool gutters and piping capacity.
- "T" fittings vented to the atmosphere on suction pipes to reduce the risk of a suction hazard to workers conducting surge tank maintenance.
- Hatches with a locking mechanism to prevent bather entry, if located in bathing areas.
- Hatches that are slip-resistant and not a tripping hazard, if located on the pool deck.
- Designed to reduce the risk of accidental entry.

For more information on confined spaces in surge tanks, contact WorkSafeBC.

8.7 MAXIMUM BATHING LOAD

Post signage indicating the maximum bather load of each basin.

POOLS

The following formulas can be used to calculate maximum bathing load. Pool depths of less than 60 cm (2 ft) need not be considered in the calculations. See Appendix D for pandemic considerations.

Imperial: Maximum Bathing Load = (D/27) + (S/10)

Where D = area of pool in ft² where the water depth is greater than or equal to 5 ft, and

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Where S = area of pool in ft² where the water depth is less than 5 ft.

Metric: Maximum Bathing Load = $(D/2.5) + (S/0.93)$

Where D = area of pool in m² where the water depth is greater than or equal to 1.5 m, and

Where S = area of pool in m² where the water depth is less than 1.5 m.

HOT TUBS

Bather load for hot tubs may be determined based on increments of 60 cm (2 ft) of bench seating per person. See appendix D for covid-19 considerations.

SPRAY POOLS

The bather load for spray pools should be 1 person per m² of spray pad surface. See Appendix D for pandemic considerations.

9 POOL WATER TREATMENT

9.1 FILTRATION

Filtration is an essential part of the circulation system as it removes dirt, oils and debris from the water, which helps maintain safe and desirable water quality. Effective filtration will also reduce chlorine demand, helping to maintain low levels of combined chlorine in the pool water. Where alternate filter systems not listed below are being considered, filtration rates and effectiveness should be equal to or better than industry standard technologies, and should be capable of maintaining water quality as required in the Pool Regulation and the Guidelines for Pool Operations.

CERTIFICATION

All pool and filter room equipment, and components, should be NSF- or CSA-certified.

FILTER PIPING

The filter piping arrangement should be as simple as possible to accomplish filtration and backwashing or cleaning.

The pool filter backwash pipe should discharge to waste through an air gap that is at least twice the inside diameter of the backwash pipe.

FILTER UNITS

The filter units should be:

- Capable of operating at continuous design flow rate.
- Equipped with pressure, vacuum or compound gauges as required to indicate the condition of the filter.

In vacuum-type filter installations where the circulating pump is 2 horsepower or more, an adequate automatic high vacuum shut off should be provided to prevent damage to the pump by cavitation.

SAND FILTERS

Sand filters should be designed for a maximum flow rate of approximately 600 L/min/m² (15 US gpm/ft²) of filter area.

DIATOMACEOUS EARTH FILTERS

Diatomaceous earth (DE) filters should be designed for a maximum flow rate of 60 L/min/m² (1.5 US gpm/ft²) of filter area. For regenerative-type DE filters, the flow rate should follow the manufacturer's recommendations. DE filters should be certified to NSF/ANSI 50 standards.

On nonregenerative-type DE filters, backwashing releases the DE into the backwash water. The facility receiving the backwash water, whether through a permit or not, should be notified of the presence of DE in the wastewater, as it may affect downstream treatment.

CARTRIDGE FILTERS

Cartridge-type filters should not be used in public or commercial pools.

9.2 DISINFECTION AND OTHER CHEMICALS

POOL DISINFECTION EQUIPMENT

Pool disinfection equipment should:

- Be automatic.
- Be easily adjustable to maintain recommended disinfectant residual levels during periods of both high and low use.
- Be properly sized for the pool and design flow rate.
- Have sufficient capacity to continuously feed free chlorine (or equivalent) into the circulation system at levels of up to (based on the design flow rate):
 - 3 mg/L for indoor pools
 - 8 mg/L for outdoor pools
 - 5 mg/L for indoor hot tubs
 - 8 mg/L for outdoor hot tubs

DISINFECTANTS

Disinfectants inactivate pathogens in the recirculated water, provide a disinfectant residual in the pool water (required under the Pool Regulation) and minimize the buildup of organic matter.

USING REGISTERED OR SCHEDULED PRODUCTS

All pool and spa products (chemicals and devices) used to control microorganisms and algae must be registered or scheduled under the Pest Control Products Act. This includes disinfectant chemicals and onsite chlorine generation systems (see Section 9.4). Other pool and spa products that do not control disease-causing microorganisms or algae (like pH adjusters, chlorine neutralizers, and devices used only to dispense pool and spa chemicals) do not have to be registered.

Health Canada reviews registration applications for possible risks to human health and the environment, and to ensure the product is effective.

Registered or scheduled products have labels with directions and information on how to use them properly. Registered products are easy to spot as they have a five-digit registration number on the front of the package in one of these formats:

- Registration No. 00000 Pest Control Products Act
- Reg. No. 00000 P.C.P Act

Scheduled product labels will say "Scheduled under The Pest Control Products Act."

For more information on pool products subject to the Pest Control Products Act, as well as general information about the regulation of pesticides in Canada, contact the Health Canada Pest Management Information Service or refer to the Health Canada website.¹⁴

AUTOMATIC DISINFECTION

Acceptable forms of automatic disinfection include:

- Chlorine gas injection.
- Sodium hypochlorite injection.
- Adjustable erosion feeders.

Automatic injectors for either gas or liquid chemicals must have an automatic shut off when the recirculation system is turned off. This will prevent buildup of chemicals in the pipes that will get pushed into the pool when the system is turned back on (MAHC 4.7.3.2.1.3).

MAHC 5.7.3.5.1.2.2 recommends that bathers should not be permitted to reenter a pool during the first 5 minutes after the recirculation system is turned back on.

Disinfection methods that are not considered to be automatic include:

- Disinfection pucks in skimmer baskets and recirculation pump prefilters.
- Manual application.
- Floating erosion feeders common in residential hot tubs.

Erosion feeders utilizing trichloroisocyanuric acid (Tri-chlor) tablets should only be used for outdoor pools because the tablets contain cyanuric acid. Cyanuric acid reduces the loss of free chlorine in water exposed to the sun's ultraviolet rays and therefore provides no benefit in indoor pools. Operators should proceed with caution when considering the use of Tri-chlor tablets in indoor pools, as it will often lead to excess cyanuric acid in the water resulting in a reduction in disinfection effectiveness. Make-up water can be used to dilute the concentration of cyanuric acid.

It is recommended that operators of erosion feeders have supplementary forms of chlorine (e.g., calcium hypochlorite, sodium hypochlorite, lithium hypochlorite or dichloroisocyanurate) available to use in the event that a rapid increase in the chlorine concentration is necessary.

¹⁴ <https://www.canada.ca/en/health-canada/services/consumer-product-safety/pesticides-pest-management.html>

OTHER CHEMICALS

Automatic feeders that add other chemicals should be sized to provide an appropriate rate of feed for the demand of the facility.

9.3 GAS CHLORINATION

Chlorine disinfectant is available in several forms, including chlorine gas, liquid sodium hypochlorite, and onsite-generated sodium hypochlorite. Many pools use chlorine gas as a disinfectant. When used as intended, this provides an effective disinfectant; however, a chlorine gas leak can cause serious injury or death.

Proper design of chlorine gas facilities is crucial to managing the potential health and safety risks inherent in the use of this highly reactive gas. Chlorine gas leaks have the potential to harm public health as well as worker safety. The oversight for chlorine gas facilities is a shared responsibility between WorkSafeBC, the Ministry of Health and health authorities.

The WorkSafeBC Occupational Health and Safety Regulation contains a number of requirements for chlorine gas facilities that must be followed. Many of these requirements are outlined in WorkSafeBC's *Safe Work Practices for Chlorine*¹⁵, the bulletin *Preventing Chlorine Gas Exposure at Municipal pools*¹⁶ and the *PoolSafeBC Best Practices Guide*.¹⁷ The local health authority will also review the design from a public health protection perspective.

9.4 ONSITE CHLORINE GENERATION SYSTEMS (SALTWATER POOLS)

In pools using saltwater disinfection systems, salt is added to the pool water. When the saltwater passes through an electrolytic cell as part of the circulation treatment system, the salt is converted into sodium hypochlorite. Consequently, saltwater systems are still chlorination systems. They should be designed with the same considerations as with more conventional forms of chlorine (gas, liquid sodium hypochlorite, etc.), in addition to technology specific considerations. By the same token, other types of on-site chlorine generation may be considered.

Note that if hard water is used to provide either the water or brine solution for an electrochemical cell, the electrode surfaces should be monitored for scale buildup to avoid a reduction in the cell's chlorine-producing efficiency or possible failure. Similarly, the temperature of the water entering the electrolytic cell should be maintained within a range of 40 to 80 degrees Fahrenheit (4.4 – 26.7°C) or per manufacturer recommendations, to avoid damaging the electrolytic cell.

Onsite chlorine generation systems should:

- Be certified to NSF 50: Equipment for Swimming Pools, Spas, Hot Tubs and Other Recreational Water Facilities.

¹⁵ www.worksafebc.com/resources/health-safety/books-guides/safe-work-practices-chlorine?lang=en

¹⁶ <https://www.worksafebc.com/en/resources/health-safety/hazard-alerts/preventing-chlorine-gas-exposure-municipal-pools>

¹⁷ <https://www.worksafebc.com/en/resources/health-safety/books-guides/poolsafebc-best-practice-guide?lang=en>

B.C. GUIDELINES FOR POOL DESIGN

- Have provisions to ensure continued disinfection (operational controls, equipment spares, back-up chemical dosing system, etc.) in the event of saltwater system malfunction (electronic malfunction, low salt levels, etc.)
- Be adequately sized to maintain the required chlorine residual in the pool at all times.
- Have adequate protection for all equipment components and surfaces in contact with the saltwater.
- Meet the manufacturer's requirements for pool water quality parameters, including hardness and temperature.
- Be placed in a location with suitable ventilation to prevent hydrogen gas build-up.

It is recommended that operators of saltwater systems have supplementary forms of chlorine (e.g., calcium hypochlorite, sodium hypochlorite, lithium hypochlorite or dichloroisocyanurate) available to use in the event that a rapid increase in the chlorine concentration is necessary.

Due to its salt content, the discharge of pool water should also be considered during the design stage. Consult with local authorities early in design to determine if the discharge of saltwater into the local sewer or receiving environment is permissible or if pretreatment/onsite wastewater treatment is required.

9.5 UV TREATMENT

Ultraviolet light treatment is often used in pools as a supplementary form of disinfection to reduce chlorine consumption and disinfection byproduct formation or as a means of destroying chloramines. Reduction in the formation of disinfection byproducts can improve indoor air quality within the pool area.

Since UV disinfection cannot impart a residual disinfectant in the water, UV disinfection cannot replace chlorine, chlorine cyanurate, or bromine as primary disinfectants.

All UV systems should be certified to NSF Standard 50: Equipment for Swimming Pools, Spas, Hot Tubs and Other Recreational Water Facilities. Large flow devices evaluated in accordance with other validation or certification protocols may also be considered.

FOR SUPPLEMENTARY DISINFECTION

UV treatment used as a supplemental form of disinfection should be certified to NSF Standard 50 for either:

- 3 log reduction of *Enterococcus faecium* and *Pseudomonas aeruginosa*; or
- 3 log reduction of *Cryptosporidium*.

FOR CHLORAMINE DESTRUCTION

UV light is effective at destroying chloramines in pool water. The optimal dosage for chloramine destruction is 60 mJ/cm² at 280 nm. This wavelength can only be achieved through medium-pressure UV lamps.

9.6 OZONE SYSTEMS

Ozone is commonly used in pools to oxidize organic matter, leading to a reduction in chlorine demand and therefore a reduction in the formation of chlorine disinfection byproducts (including chloramines). Reduction in the formation of disinfection byproducts can improve indoor air quality in the pool area.

Since ozone dissipates rapidly, it is unable to maintain a residual in the water. For this reason, it cannot replace chlorine, chlorine cyanurate, or bromine as the primary disinfectant.

Protection of workers from ozone-related hazards falls under the jurisdiction of the WorkSafeBC, and designs must consider WorkSafeBC requirements. Further information on WorkSafeBC requirements can be found on the WorkSafeBC website.¹⁸

Ozone systems should be certified to NSF 50 and must conform to WorkSafeBC requirements found in the *Ozone Safe Work Practices Manual* (BK 47)¹⁹ including:

- Ventilation considerations.
- Destruction of ozone off-gas from contact tanks.
- Ozone room design requirements.

9.7 MEASUREMENT OF CIRCULATION

Recommendations for flow meter installation are also listed in Section 8.2.

RATE OF FLOW INDICATOR

A rate of flow indicator should be provided and maintained for each pool to show the rate of pool water circulation. This allows for verification of velocities through drains. The indicator should:

- Be conveniently located for ease of viewing.
- Be calibrated in either litres per minute or U.S. gallons per minute.
- Provide at least 90% accuracy.
- Be capable of flows measuring from 50% to 150% of the design flow rate.
- Not be at risk of plugging.

Rate of flow indicators should be installed on all return lines – including recirculation, water feature, skimmer/gutter, and water slide lines. Where a whirlpool jet pump system is in place, a rate of flow indicator should be located on the jet pump circulation system.

All flow indicators should be installed in accordance with the manufacturer's specifications. The required number of pipe lengths of straight pipe upstream and downstream of the flow indicator should be provided to achieve the stated flow reading precision and accuracy levels.

¹⁸ <http://www.worksafebc.com>

¹⁹ <https://www.worksafebc.com/en/resources/health-safety/books-guides/ozone-safe-work-practices?lang=en>

9.8 EQUIPMENT ROOMS

Equipment rooms must be designed to the B.C. Building Code. Additionally, equipment rooms should be designed to:

- Permit equipment to be easily installed, inspected, and maintained.
- Allow equipment to be mounted at or above floor level. For example, pumps and/or other electrical equipment should be installed on a minimum 75 mm (3 in) housekeeping pad.
- Provide the manufacturer's recommended maintenance area around equipment (height and floor area). Where the manufacturer does not specify a recommended maintenance area, sufficient space should be provided to dismantle equipment, remove components or contents, perform routine maintenance, and, in some cases, replace equipment.
- Include floors sloped to drains.
- Allow sufficient space for safe storage of auxiliary equipment.

Only pool-related equipment should be stored in Equipment Rooms.

9.9 CHEMICAL STORAGE AREAS

Proper design of chemical storage areas is essential to minimize the risks associated with storing dangerous goods. The BC Fire Code details chemical storage room design requirements including clearance, storage of liquids and compressed gasses, separation distances, ventilation, and spill containment.

In addition to the storage separation minimums required in the BC Fire Code, adequate separation should be provided to minimize the risk of accidental chemical mixing during tank filling and chemical mixing/dilution.

INDIVIDUAL STORAGE REQUIREMENTS

Protection of workers from chemical hazards falls under the jurisdiction of WorkSafeBC, and designs must follow WorkSafeBC requirements. Section 5.24: Incompatible Substances, in the *Occupational Health and Safety Regulation* states:

Substances which are incompatible must not be stored in a manner that would allow them to mix in the event of container leakage, breakage or other such circumstance.

Consult the Safety Data Sheets (SDS) for each of the chemicals to be stored to determine incompatible chemicals and individual storage requirements. Further information on WorkSafeBC requirements can be found on the WorkSafeBC website.²⁰ Spaces must be designed to accommodate the required chemical needs for the facility. An additional ventilated room to store other chemicals used in pool operations (aside from chemical which require separate rooms - chlorine, acid, etc) should also be included. There should be a wall between these rooms to keep chemicals separate.

²⁰ <http://www.worksafebc.com>

RESERVE CONTAINERS

When sizing chemical storage rooms, consideration should be given to providing sufficient storage space for reserve containers of chemicals, especially in remote locations where chemical delivery may be infrequent. Adequate clearance should also be provided for chemical transporting equipment, such as forklifts, where applicable.

SPILL CONTAINMENT

In addition to the spill containment requirements of the BC Fire Code, chemical storage tanks should be double walled or separated by concrete enclosures, spill pallets or other spill containment system surrounding each tank. Each spill containment system should have an enclosure capable of containing 110% of the contents of each tank stored within the system.

Where possible, piping containing incompatible chemicals should be routed separately to minimize the potential for chemical reactions due to drips and leaks.

PART FOUR: SPECIAL DESIGN FEATURES

10 POOL EQUIPMENT

10.1 POOL SLIDES

POOL SLIDES EXEMPT UNDER THE ELEVATING DEVICES SAFETY REGULATION

Slides used in a pool environment can include dry slides and water slides. Some dry slides and water slides are regulated under the *Safety Standards Act* – Elevating Devices Safety Regulation (EDSR) by Technical Safety BC (Section 17 and Schedule of the EDSR). Slides exempt from the EDSR are outlined in Section 18(2) as being:

- (a) waterslides that meet any one of the following criteria:
 - (i) the height of the slide from the specified water level in the receiving pool to the top of the loading platform sill is 3.05 m or less;
 - (ii) the length of the flume is 30.5 m or less, with height/run ratio of 0.1 (6°) or less;
 - (iii) the maximum rider velocity is not greater than 3.6 m/s;
- (b) dry slides that do not exceed a height of 4 m;

Pool slides that are exempt from the EDSR fall under the Pool Regulation. For further information on EDSR regulated water slides, refer to section 11.1.

GENERAL REQUIREMENTS

The design and location of slides not regulated by the Elevating Devices Safety Regulation should take into consideration:

- The size and weight of the people who will use the slide.
- The trajectory upon sliding into the water.
- The depth of the water, including the slope of the pool basin floor.
- Manufacturer recommended plunge depths.
- Lifeguard visibility/access.
- Proximity of pool sides.
- Slide setbacks

Design consideration may also be given to CSA Z267: *Safety Code for Amusement Rides and Devices* (current edition) and ASTM F2376: *Standard Practice for Classification, Design, Manufacture, Construction, and Operation of Water Slide Systems* (current edition). Slides are to be installed and maintained according to the manufacturer's specifications.

SIGNAGE

Slide side signage should be provided indicating:

- One rider at a time.
- Wait until the landing area is clear before entering the slide.
- Slide in the sitting position or on the back only.
- Do not attempt to stop on the slide.
- Leave the plunge area immediately.
- Users of the slide should be of an age and size to manage the slide.

10.2 PLAY EQUIPMENT

Play equipment, such as climbing walls and rope swings, has become a popular part of contemporary recreation facilities. While each piece of play equipment must be evaluated on its own merit, these guidelines outline basic requirements for all play equipment. Play equipment must meet the health authority's approval on the design and location prior to installation. Operational measures to ensure patron safety should be outlined in the pool safety plan (refer to the *B.C. Guidelines for Pool Operations*).

All play equipment should be designed and manufactured according to ASTM F2461 (current edition): *Standard Practice for Manufacture, Construction, Operation, and Maintenance of Aquatic Play Equipment*, or equivalent. Placement of play equipment should ensure that the water depths specified by the manufacturer are met.

ROPE SWINGS AND CLIMBING WALLS

The design and location of rope swings or climbing walls should take into consideration safety and structural concerns. These features should:

- Be certified by a structural engineer (both product and installation). When a rope swing is in use, it can create considerable torsional stress on beams above, and the effect of the swing on the structure of the building should be considered. Similar concerns exist for the anchoring of climbing walls to the deck and/or adjacent walls.
- Consider the rope trajectory, splash (landing) zone, pool depth, and potential impact with the pool basin, facility walls, and deck.
- When in use, not conflict with other pool activities (e.g., diving, slides), through the provision of sufficient lateral clearance between the rope swing and other pool use areas.

SELF-INFLATING POOL FEATURES

Self-inflating pool features that have continuous air flow are managed by Technical Safety BC. Self-inflating pool features that do not have continuous air flow should follow the design guidelines outlined below in "Other Play Equipment."

OTHER PLAY EQUIPMENT

There are many variations on play equipment that may be proposed. Examples include zip lines, rolling logs, climbing nets and sealed air inflatables. Play equipment should be designed so that it:

- Does not have hard edges or unnecessary protrusions.
- Does not pose an entrapment risk to patrons.
- Is constructed of materials that are easily cleanable, impervious to water and unlikely to promote bacterial growth.
- Does not exert excessive water pressure.
- Is unlikely to result in injury from falling from it.
- Does not interfere with lifeguard visibility or access.

10.3 MOVEABLE BULKHEADS

BULKHEAD DESIGN

Bulkheads should be designed to:

- Sustain design loads.
- Provide a safe and stable platform.
- Not move under the force of tensioned lane lines or swimmers diving off the bulkhead.
- Not interfere with pool circulation (through the provision of gaps on the side of the bulkhead, flow through the bulkhead, gaps in the bottom, etc.).
- Be fabricated of materials tolerant to exposure to a pool environment.
- Provide a continuous handhold or finger grip on both sides of the bulkhead.
- Be of sufficient width for the intended use, typically at least 1.2 m (4 ft) in width.
- Have no sharp edges on the structure.
- Have slip-resistant gratings on deck and side walls that meet the pool basin colour and pattern guidelines.

MOVEABLE BULKHEADS

Moveable bulkheads split a pool's water area into two or more sections, giving a pool operator the flexibility to program different activities in the separate pools. They are also used to adjust pools to the correct lane length for competitive events and provide a platform for starting blocks.

Designers of bulkheads intended for use in competitive events should refer to Section FR 2.15 of the FINA Facility Rules²¹ for additional design considerations.

ENTRAPMENT HAZARDS

As moveable structures, bulkheads can pose as an entrapment hazard. Bulkheads should have:

- No opening that constitutes a tripping or entrapment hazard.
- A fully encased exterior that prevents swimmer entry into the structure.

BULKHEAD LOCATION

Bulkheads should be designed to maintain entrances and exits to the reduced pools.

²¹ https://www.fina.org/sites/default/files/finafacilities_rules.pdf

ERGONOMIC DESIGN

Moving bulkheads pose ergonomic hazards to pool staff. Bulkhead design must meet the requirements for control of ergonomic hazards as outlined in Part 4 of the Occupational Health and Safety Regulation. Contact WorkSafeBC for more information on ergonomic design.

10.4 MOVEABLE FLOORS

MOVEABLE FLOOR DESIGN

Moveable floors should be designed to:

- Span the entire width of the pool.
- Eliminate the possibility of entrapment hazards by preventing pool patron access to the underside of the pool floor through the use of a tight-fitting barrier between the moveable floor and pool floor.
- Sustain design loads including land-based activities (if applicable).
- Allow for pool circulation (through the provision of gaps in the floor, sides, configuration of gutters, etc.).
- Have pool inlet fittings installed under the moveable floor to allow for circulation of water.
- Be made of enduring materials tolerant to exposure to a pool environment.
- Have a slip-resistant surface that meets the guidelines on pool basin surfaces and finishes. See section 4.1.
- Have floor openings and gratings that do not pose a suction or entrapment hazard. See section 8.3.
- Have floor positions and openings that do not cause toe or finger entrapment (approximately 8 mm (3/8 in)) between the floor and pool wall or any pool steps, stairs or installed pool features.
- Not sink or float during a control system failure or power outage.
- Maintain the use of required pool entrance and exits without causing pinching and entrapment hazards.
- Have floor drives that are fully enclosed and do not pose an entrapment hazard to pool patrons.

MOVEABLE FLOORS

Moveable floors allow for a pool, or section of pool, to have an alterable depth, giving the pool operator the flexibility to change the pool depth to accommodate a variety of programming uses. In some cases, moveable floors can cover the pool entirely, allowing the pool space to be used for land-based activities.

MOVEABLE FLOOR CONTROLS

Moveable floors should be adjusted through a control panel that:

- Provides an audible alarm in emergency situations.
- Is tamper proof.
- Is certified for use in wet areas per the BC Electrical Code.
- Is adequately enclosed for a pool environment.
- Is located in an area that provides the operator a full view of the movable floor.
- Automatically adjusts pool depth displays.

VARIABLE DEPTH CONSIDERATIONS

Since pool depths change depending on the position of the moveable floor, depth-related design aspects that are likely to be affected include:

- Pool depth displays, which should follow the depth marking guidelines in section 4.5.
- Provisions to prevent diving, water slide, play equipment, and slide usage when the pool depth is less than the safe depths for these activities.

11 SPECIALTY POOLS

11.1 WATER SLIDES

WATER SLIDES UNDER THE EDSR

Water slides are regulated under the *Safety Standards Act* – Elevating Devices Safety Regulation (EDSR) by Technical Safety BC (section 17 and Schedule of the EDSR). Technical Safety BC accepts design filings and issues permits for installation and operation of water slides regulated by the EDSR. For further information, visit the Technical Safety BC website at <https://www.technicalsaftybc.ca/about>.

Water slides that do not discharge into a pool (such as slides with flumes) fall under the EDSR. A review and inspection of the circulation systems should still be completed for these types of slides. Health authorities may be able, through a letter of understanding, to assist in this capacity.

Water slide landing pools must meet the water quality requirements of the Pool Regulation. Water slide circulation systems fall under the jurisdiction of the Pool Regulation with respect to suction and entrapment hazards. All water slides and landing pools should meet the ASTM international standards F2376-17a and F2461-18. ASTM standards can be found at www.astm.org/building-and-construction-standards.html.

GENERAL

The following should be considered in the design of water slides:

- The bottom of the slide should be visible from the slider's entry point at the top of the slide. The use of cameras or controlled access may be considered in achieving this objective.
- Where two deceleration flumes are side by side, there should be at least 1.2 m (4 ft) of deck space between flumes so bathers may exit the pool in an emergency.
- Water drawn from the pool circulation system for the water slide should be accounted for in the pool recirculation design. Also, in built-in wall drains, a full vault design that can be vented to the pool deck and surrounding pool environment (to break any suction) should be considered.

11.2 WAVE POOLS

Wave pools should have:

- A warning mechanism providing an audible and visual warning prior to wave generation to allow bathers an opportunity to leave the pool or move to shallower water.
- A beach or zero-depth end to diminish the wave and allow for safe exit.
- Wave chamber bars constructed of stainless steel or similar acceptable material. Rotating wave chamber bars should be spaced to reduce the risk of entrapment.
- Where there is a wave chamber in a pool basin, a rope, lane line or other measures located 1.5 m (5 ft) from the wave chamber bars to discourage public access and prevent entrapment.
- Guard rails on decks at the deep end around wave chamber walls that should extend 1 m (3.3 ft) beyond the wave generator and may be extended until the free board is less than 500 mm (20 in) at mean water level.
- Air blowers (where used) contained in a separate room that is constructed of acoustic limiting material to reduce noise levels.
- Regular inspections of wave chamber bars for structural integrity.
- Ladders or steps in the deep end for exiting the pool. The ladders or steps should be recessed into the wall.
- An emergency shut-off in the immediate area of the pool.
- A maximum turnover period of two hours or less.
- A wave amplitude not exceeding the pool freeboard or flood decks.

SURFING RIDES

Surfing rides are not considered to be a subset of wave pools. Contact Technical Safety BC (also notify your health authority) for information on design considerations.

11.3 WADING POOLS

To be considered a wading pool in the Pool Regulation, the maximum depth of water must be less than 61 cm.

POOL AREA

Wading pools should:

- Be free of obstructions.
- Have a uniform floor with a maximum slope of 1 in 15 and a minimum slope of 1 in 50.
- Be entirely surrounded by a walkway at least 1.2 m (4 ft) wide that falls away from the pool or basin edge at a uniform slope of not less than 1 in 50.

WATER QUALITY

Wading pools must meet the water quality requirements in the Pool Regulation. Turnover rates for recirculating wading pools should not exceed two hours. The health authority may require potable water as defined in the *Drinking Water Protection Act* be used in a wading pool.

SWIM DIAPERS

While swim diapers can minimize the release of fecal matter into the pool, none are leak proof.

FITTINGS

Fittings in wading pools using circulation systems should be located to produce uniform water circulation throughout the pool. They should be secured to provide protection from suction and pressure hazards.

NO CROSS-CONNECTIONS

There should be no cross-connections between a wading pool and any potable water supply, water circulation system of any pool, or sewer.

WADING POOL FENCING

Wading pools must have a fence or other barrier with controlled access surrounding the pool and the walkways to prevent the easy access of nonusers and pets. This requirement does not apply to wading pools that are drained and left empty overnight.

WADING POOL FILLING

New wading pools should have recirculation systems that include automatic disinfection. These pools may be left filled overnight but must have a security fence and lockable gate.

Existing fill-and-draw-style wading pools should be filled with potable water each day that they are used, operated to maintain the water quality requirements of the Pool Regulation, drained before dark and left empty overnight. The requirement for a pool enclosure (i.e. a fence or barrier with lockable gate) does not apply to this type of wading pool as per Section 7 (2) of the Regulation. However, the operator must ensure that, when the pool is open to bathers and no lifeguard is on duty, a clearly visible notice is posted at each entrance to the pool stating that no lifeguard or attendant is on duty and that children must be supervised by an adult (see Sec. 18 (1) of the Pool Regulation).

11.4 SPRAY POOLS

The following design guidelines (except fittings and cross-connection guidelines) apply to zero-depth spray pools only. Where spray features are incorporated into a wading pool, refer to the wading pool design guidelines in section 11.3.

SPRAY DECK

The spray deck should:

- Be made of a durable material that is impervious to moisture and retains a texture that is slip-resistant and causes no discomfort to bare feet.
- Not allow for the accumulation of standing water.
- Drain by gravity into flat or low-profile drains.
- Be free of obstructions.
- Have a floor with a maximum slope of 1 in 15 and a minimum slope of 1 in 50.
- Be entirely surrounded by:

B.C. GUIDELINES FOR POOL DESIGN

- An overspray area suitably sized for the spray equipment and local wind conditions (2.4 m (8 ft) to 3.0 m (10 ft) recommended).
- A walkway at least 1.20 m (4 ft) wide that falls away from the spray pad edge at a minimum uniform slope of 1 in 50.
- Be able to meet the NSF-50 standard requirements for toxicity if water is recirculated.
- Allow free drainage over the deck surface.

WATER SOURCE AND QUALITY

Spray pools may be designed to use a continuous supply of potable water that drains to waste or designed as a recirculating system. The Pool Regulation requires water used in drain-to-waste-type spray parks to be of a quality acceptable to a health officer. Recirculating spray pool water quality considerations are outlined below:

- Where spray features are located within a pool of water, such as a wading pool, the guidelines for wading pools should be followed.
- In cases where there is reuse of spray park runoff, the reclaimed water should be monitored for *E. coli*, with an allowable limit of no more than 1 CFU/100 mL or 2 MPN/100 mL. The water quality also needs to conform to tables 13 and 14 of the Municipal Wastewater Regulation (greater exposure potential) or to a standard acceptable to the health officer.
- Spray parks may draw directly from surface and/or groundwater sources if authorized via a water licence under the *Water Sustainability Act*.

Details of the source water, as well as the disposal of wastewater, should be included with the application for a construction permit.

OUTBREAKS

Spray pools that collect water and recirculate it have been associated with large communicable disease outbreaks from poor water quality. In the absence of using only a continuous supply of potable water, there should be full water treatment, including filtration, UV disinfection, and chemical disinfection.

RECIRCULATING SPRAY POOLS

Recirculating spray pools must meet all of the requirements outlined in the Pool Regulation and should adhere to the *BC Guidelines for Pool Design* as best practices. Health authorities require potable water as defined in the *Drinking Water Protection Act* be used as makeup water in a recirculating spray pool. Additional water quality and design considerations are outlined below.

SPRAY PAD WATER COLLECTION TANK

A collection tank acts as the reservoir of water that supplies both the spray features and the recirculating system. The tank should:

- Be constructed of corrosion-resistant, inert, nontoxic and watertight material.
- Be as large as possible to allow for more effective disinfection, improve dilution effects and improve operational stability. The effective volume of the tank should meet the following criteria:
 - Be a minimum volume of three times the flow rate per minute of all pumps (e.g. if the total flow rate for the pumps is 800 L/min, then the tank should be at least 2,400 L).

B.C. GUIDELINES FOR POOL DESIGN

- Provide adequate chlorination contact time for a minimum 4-log reduction of enteric viruses (refer to the *Guidelines for Pathogen Log Reduction Credit Assignment* for additional details).
- Have an automated potable water make-up connection through a suitable air gap to preclude the possibility of water backflow into the potable water system.
- Be accessible for inspection and safe cleaning.
- Have overflows and bottom drains connected to wastewater piping through suitable air gaps.
- Be capable of being completely drained with at least one main drain at the deepest point.
- Have a means of preventing debris from collecting in the tank, such as an upstream screen or trash tank.
- Have an adequate number of collection tank inlets and outlets spaced in a manner that encourages complete mixing and circulation in the tank. Baffling may help to achieve this.
- Provide a smooth/tiled scum line at the standing water level to facilitate cleaning.
- Have access and vent openings that are flood- and vermin-proofed.

ULTRAVIOLET LIGHT

Ultraviolet (UV) light disinfection should be provided to manage risks due to enteric protozoa (*Cryptosporidium* and *Giardia*). The UV system should:

- Be validated or certified to achieve 3 log reduction of *Cryptosporidium* and *Giardia* using an accepted protocol or standard.
 - Acceptable UV validation protocols include the USEPA UVDGM, DVGW W294, and ÖNORM M 5873.
 - Acceptable certification standard is NSF/ANSI Standard 55 Class A.
- Be located between the collection tank and the spray features. The UV system may either:
 - Be located between the filtration system and the chlorination system such that all water fed to the spray features is fully treated. When the spray features are not fully operational, excess treated water would return to the collection tank (e.g. full flow filtration system), or
 - Be located such that UV disinfected water is fed directly from the collection tank to the spray pad/features. In this case, water in the collection tank is continuously filtered in a separate loop (e.g. partial flow filtration system).
- In either case, a minimum flow (Q) must be maintained through the UV unit(s) during spray pool shutdown to ensure adequate water treatment, according to the following equation²²:

$$Q \text{ (in gpm)} = V \times \left(\frac{14.8 - \ln V}{0.999 \times 60 \times T} \right)$$

- Where:
 - Q = minimum flow rate, in gallons/minute
 - V = total water volume of the spray pool system (collection tank, piping, equipment, etc.), in gallons
 - T = dilution time (hrs).
 - For spray pools which are shut down for less than 12 hours consecutively, this is calculated as 0.75 × (shut down time, in hours).

²² Refer to MAHC 4.7.3.3.2.5.

B.C. GUIDELINES FOR POOL DESIGN

- For spray pools which are shut down for 12 hours or more consecutively, 9 hours should be used for the dilution time.
 - A flow meter would be required to measure the flow, Q, through the UV unit(s).
- Have a UV intensity sensor that will sound an alarm and shut down the UV reactor when the validated dosage cannot be delivered.
- Be linked (interlocked) with the spray feature pump such that the spray features do not operate when the validated UV dosage cannot be delivered.

Refer to the *Ministry of Health's Guidelines for UV Disinfection of Drinking Water* for additional considerations.

RECIRCULATION SYSTEM

Other components of the recirculation system include the recirculation pumps, filters, and chlorination system. Design considerations for this equipment are provided elsewhere in the *Guidelines for Pool Design*. Additional considerations for the recirculation system include:

- The system should allow for the constant recirculation and treatment of water, even when the spray park is not in operation. If desired, this recirculation rate may be reduced by no more than 25% when the spray pool is not in operation.
- Be linked (interlocked) with the spray feature pump such that the spray features do not operate when the recirculation system is not working.
- The recirculation system design flow rate (rate of water going through the filtration system) should be at least 1/3 of the spray feature design rate.
 - Note that some jurisdictions recommend a design flow rate of 50% to 100% of the spray feature design rate.
- A bypass-to-waste valve that allows drainage collected from the spray pad outside operating hours and during daily cleaning and flushing, to drain to waste.
- Flow meters should be installed to measure flows to the filter and spray features.
- Chlorination should provide a free chlorine residual level of no less than 2 ppm going into the spray features. Chlorination should be linked (interlocked) with the spray feature pump such that the spray features do not operate when the free chlorine residual level is not met.
- Chlorinator should be capable of providing a free chlorine residual level of 10 ppm in the collection tank.
- An automatic chemical controller is required for monitoring and adjusting the level of free chlorine residual and pH in the spray pad collection tank.

USER FACILITIES

User facilities help discourage the use of spray pool features for activities that could pose health hazards, especially for spray pools using recirculated water. Spray pools should include user facilities near the pool that consist of:

- Drinking water fountains to discourage patrons from drinking water from the spray features.
- Washrooms, including diaper-changing facilities.
- Hose bibs with anti-siphonage devices to facilitate flushing of the spray pad.

Other facilities that could keep recirculating water from the spray pad as clean as possible may be considered, these include:

B.C. GUIDELINES FOR POOL DESIGN

- Fencing of the spray pool area to keep out animals and pets when not in operation.
- Showers for use before and after using the spray features.
- Foot washes that drain directly to waste.

NO CROSS-CONNECTIONS

Air gaps should be provided such that there are no cross-connections between any part of a spray pool system and any potable water supply, the water circulation system of any pool, or any sewer.

WATER QUALITY MONITORING AND DAILY CHECKS

The following water quality monitoring and daily checks should be performed:

- Water quality as per the Pool Regulation.
- Water flow rate (to be continuously monitored).
- Free chlorine residual level in water going out to the spray features (to be continuously monitored and to be more than 2 ppm and not greater than 10 ppm).
- Turbidity of water going into the UV system to be monitored and to be less than 3 NTU (continuous monitoring and alarm are highly recommended to better safeguard the effectiveness of UV treatment and chlorination).
- Temperature of water going out to the spray features to be continuously monitored and to be kept below 20°C, replacing water in the collection tank with makeup water from the mains as needed to control the temperature.

All water quality and flow data to be logged at least twice daily by the operator.

REFERENCES

1. BC National Collaborating Centre for Environmental Health. Identifying and Addressing the Public Health Risks of Splash Parks. August 2017.
2. New York Department of Health. New York State Sanitary Code Subpart 6.3, Recreational Aquatic Spray Grounds. Revised June 2010.
3. Province of Alberta. Alberta Health Pool Standards. Amended January 2018.
4. US Centers for Disease Control and Prevention. Model Aquatic Health Code (3rd Ed.). July 2018.
5. US Centers for Disease Control and Prevention. Annex to Model Aquatic Health Code (3rd Ed.). July 2018.

11.5 VANISHING-EDGE POOLS

GEOTECHNICAL ASSESSMENT

Although not included in the construction permit review completed by the health authority, vanishing-edge pool designs should be reviewed by an individual competent in geotechnical engineering, to assess site suitability in cases where slope stability could be an issue.

GENERAL

Vanishing-edge pool designs should include:

- Treatment equipment that will condition water from the main pool to meet the water quality requirements outlined in the regulation.
- A separate recirculation system for the vanishing edge independent of the pool recirculation system.
- Back-siphoning protection between the main pool and catch basin.

WEIR EDGE

The weir edge creates the dramatic look characteristic of vanishing-edge pools, but also can create health hazards if not properly designed. Weir edges should:

- Have a minimum width of 25 cm (10 in).
- Have no more than 1.5 m (5 ft) of water depth on the pool side of the edge.
- Be no more than 50% of the perimeter of the pool
- Be constructed with a level tolerance of 1/16 of an inch.
- Have a slip-resistant surface with the nose-edging in a contrasting colour.
- Have a “no walking” inscription in a contrasting colour at least 10 cm (4 in) high.

CATCH BASINS/GUTTERS

Water cascading over the weir edge is collected in a catch basin (also called a gutter). Careful design of the catch basin is necessary to prevent overflows. Catch basins should:

- Be set a maximum of 0.46 m (18 in) below the elevation of the weir.
- Be grated to allow for emergency access to the pool.
- Have a minimum of two outlets that follow the guidelines on main drain and suction entrapment. See section 8.3.
- Have dimensions, drain openings and piping of sufficient size to prevent the catch basin from flooding.
- Have an overflow line if the catch basin volume contributes to the surge capacity of the pool.

PERIMETER DECK

Vanishing-edge pools, like all pools, should have a deck around the perimeter of the pool to allow for emergency access. To accommodate the vanishing edge, these pools should provide a minimum of:

- 1.2 m (4 ft) of decking around the pool, except at the weir edge.
- 1.2 m (4 ft) of decking at the catch basin level.

SURGE TANK VOLUME

The surge tank captures water that is sent over the weir edge due to bather displacement, water from water features and edge walls (transient volume), rainfall, wind-blown water and such. Appropriate sizing of the surge tank and vanishing-edge recirculation pump are crucial in achieving the vanishing-edge effect. Improperly sized surge tanks can lead to catch basin overflows and the loss of the vanishing-edge effect until the lost water is replenished.

B.C. GUIDELINES FOR POOL DESIGN

Vanishing-edge pool surge tanks should:

- Provide a minimum surge capacity of 85 L (3 ft³) per bather.
- Provide the entire surge capacity alone, or in combination with the catch basin.
- Have a surge tank overflow line that is below the flood rim on the catch basin.

POOL ENCLOSURE

To prevent accidental falls and unauthorized entry in the pool area, vanishing-edge pools should have an enclosure around the entire pool (main pool and catch basin), following the design guidelines outlined in section 3.1.

APPENDIX A: GLOSSARY OF TERMS

Backflow: The backing up of water through a pipe in the direction opposite to normal flow.

Backwash: A method of cleaning sand or diatomaceous earth filters. It involves reversal of water flow through the filter, with the collected dirt and debris being sent to the waste port.

BC Building Code: Provides the minimum requirements for a safe building environment. It is the product of a partnership of industry practitioners, construction technology experts and provincial regulators. The requirements include construction, plumbing and fire codes that each building in B.C. must meet before occupancy.

Canadian Electrical Code: A standard published by the Canadian Standards Association pertaining to the installation and maintenance of electrical equipment in Canada.

Canadian Standards Association (CSA): Develops standards that enhance public safety and health, advance the quality of life, and help to preserve the environment.

Construction: Includes the design, installation, repair, renovation and alteration of a pool.

Cove: The curving transition from the vertical wall to the horizontal floor, at the bottom of a pool wall.

Decks: Walkways surrounding a pool. Outdoor facilities often have concrete decks, while indoor facilities may have concrete or tile decks. Pool operators are responsible for sanitation and upkeep of the decks.

Design Flow Rate: The quantity of water flowing past a designated point within a specified time, such as the number of litres flowing past a point in one minute.

Diatomaceous Earth Filter: A filter tank containing fabric-covered grids that hold the diatomaceous earth powder up against the flow of the water.

Entrapment Hazard: A fixture that can hold a body or body part (e.g., hands, feet, hair, and torso) against it in a manner that a person cannot easily extricate them self.

Filter: Equipment used for filtering dirt and other fine debris from the pool water. Filtering agents include diatomaceous earth filters, silica sand and cloth cartridges.

Filtration: The process of passing pool water through the filter medium to remove dirt and debris particles.

Ground Fault Circuit Interrupter: A device that protects a circuit from branching off by de-energizing the path of electricity very quickly when it senses current loss.

Gutter: An overflow trough at the edge of a pool through which floating debris, oil and other "lighter-than-water" substances flow. Pools with gutters usually do not have skimmers.

Heating, Ventilation and Air Conditioning (HVAC) System: Technology designed for indoor environmental comfort. It is important in the design of indoor pools – where safe and healthy building conditions are regulated with respect to temperature and humidity, as well as "fresh air" from the outdoors.

Hose Bib: The valve in a water line where a hose is connected.

Hydrostatic Relief Valve: A spring-loaded plug normally situated in the main-drain sump. It is designed to open if the water pressure under the pool is greater than the water pressure within the pool. A relief valve reduces the possibility of an empty pool lifting out of the ground.

Internal Pool Wall: An element within the pool water area at or below the static water level that is narrower than 1.2 m and surrounded on at least 3 sides by water.

B.C. GUIDELINES FOR POOL DESIGN

Internal Raised Pool Wall: An element within the swimming area higher than the static water level that is narrower than 1.2m and surrounded on at least 3 sides by water.

Lap Pool: Pool for people swimming laps. Lap pools tend to be long and narrow, usually over 15 metres long.

Ozone: The molecule containing three atoms of oxygen; known to be a very powerful sanitizer. Ozone-producing equipment creates this molecule by UV radiation or corona discharge generators.

Main Drain: A plumbing fitting installed at the deepest part of the pool. It is not a drain, such as a drain on a kitchen sink, but usually connects to the pump for circulation and filtration.

Maximum Bather Load: The maximum number of bathers allowed in a pool at one time for health, safety and engineering reasons. The bather load will be specified on the pool's operating permit and/or data sheet.

Perimeter Raised Pool Wall: An element along the swimming edge that is higher than the pool deck and narrower than 1.2m.



Pool Inlets: Inlets that return filtered, heated, and chemically treated water back to the pool. Inlets provide strong jets of water and are most often located on pool walls, although in some pools they are located on the bottom.

Pump: A mechanical device that causes hydraulic flow and pressure for filtration, heating and circulation of pool/spa water. Typically, a centrifugal pump is used for pools, spas and hot tubs.

Rate of Flow Indicator: A device that measures pressure differential across a calibrated orifice and indicates the rate of flow at that point.

Sand Filter: A filter that operates on the basis of depth filtration: dirt is driven through a sand bed and trapped in minute spaces between particles of sand.

Skimmer: A box-like device installed through the wall of the pool or spa connected to the suction line of the pump that draws water and floating debris into the skimmer from the water surface.

Skimmer Basket: A removable, slotted basket or strainer placed in the skimmer on the suction side of the pump, which is designed to trap floating debris in the water flow from the surface without causing much flow restriction.

Static Water Level: The designated water level that the pool is intended to hold while in operation without bathers in the pool.

Suction Hazard: Any fixture that can impart a suction pressure strong enough to draw or hold a body or body part (e.g. hands and feet) against an opening. In pools, a suction hazard is also an entrapment hazard.

B.C. GUIDELINES FOR POOL DESIGN

Suction Line: A pipe that brings water from the pool or spa to the pump. Suction lines are under vacuum when the pump is running. A suction line can be referred to by the system it operates on. For example, “spa suction” means a suction line associated with a spa.

Surge Capacity (of a Surge Tank): The volume of water that can be stored in the space between the normal water level in the surge tank and the pool water level.

Surge Tank: A large tank used to either replenish or withdraw pool water automatically. It is activated using a float valve to sense the level of the water and adjust the flow.

Turnover: The amount of time it takes a pump to move all of the water in a pool through the filter and back again.

Underwater Lighting: A fixture designed to illuminate a pool or spa from beneath the water’s surface.

Vacuums: Devices that use suction to collect dirt from the bottom and sides of a pool or spa. Most common is a vacuum head with wheels that attaches to a pole and is connected to the suction line, usually via the opening in a skimmer. It is normally moved about by a person, and debris is collected in the skimmer basket and filter.

Wave Pool: A pool in which there are artificially generated, reasonably large waves, similar to the ocean. Wave pools are often a major feature of water parks.

Water Feature: A decorative element using flowing water, such as a fountain or waterfall.

WorkSafeBC: Promotes workplace health and safety for the workers and employers through education, consultation and enforcement. In the event of work-related injuries or diseases, WorkSafeBC works with the affected parties to provide return-to-work rehabilitation, compensation, healthcare benefits, and a range of other services.

APPENDIX B: APPLICATION FOR OPERATING PERMIT: POOL DATA SHEET

SEE NEXT PAGE

Application for Operating Permit

Pool Data Sheet

General Pool Information			
Name of Pool:			
Civic Address:			
Pool Type: <input type="checkbox"/> public <input type="checkbox"/> commercial <input type="checkbox"/> hot tub <input type="checkbox"/> spray pool <input type="checkbox"/> wading pool			Location: <input type="checkbox"/> indoor <input type="checkbox"/> outdoor
Owner Information			
Name (Legal):			
Address:			
Phone Number:		Email Address:	
General Pool Design Parameters			
Water Depth Minimum (m):	Water Depth Maximum (m):	Pool Area (m ²):	Deck Area (m ²):
Pool Volume (m ³):	Pool Basin Colour:	Design Flow Rate (L/min):	Turnover Rate (hours):
Maximum Bathing Load (persons): Shallow: Deep: Total:			
Recirculation Pumps			
RECIRCULATION PUMP	Make and Model:	Flow (L/min): at m TDH	
HOT TUB JET PUMP	Make and Model:	Flow (L/min): at m TDH	
PUMP (specify):	Make and Model:	Flow (L/min): at m TDH	
PUMP (specify):	Make and Model:	Flow (L/min): at m TDH	
PUMP (specify):	Make and Model:	Flow (L/min): at m TDH	

Application for Operating Permit

Pool Data Sheet

Filtration System				
Filter Type: <input type="checkbox"/> sand <input type="checkbox"/> diatomaceous earth <input type="checkbox"/> pressure <input type="checkbox"/> vacuum <input type="checkbox"/> gravity			NSF Approved: <input type="checkbox"/> yes <input type="checkbox"/> no	NSF Standard:
Filter Make and Model:			Number of Filters:	Number of Elements:
Surface Area of Each Filter (m ²):	Total Area of All Filters (m ²):	Surface Area of Each Element (m ²):	Total Area of All Elements (m ²):	
Rate of Filtration (L/min/m ²):		Total Filter Capacity (L/min) (<i>Rate of filtration x total area</i>):		
FILTER BACKWASH	Filter Backwash Pump Make and Model:			
	Flow (L/min): at m TDH	Backwash Rate (L/min/m ²):	Backwash Rate per Filter (L/min):	
Gauges				
Pressure Gauges (#):		Vacuum Gauges (#):	Temperature Gauges (#):	
Flow Meter Make and Model:			Flow Meter Range (L/min): to	
Disinfection				
Primary Disinfectant: <input type="checkbox"/> hypochlorite <input type="checkbox"/> chlorine gas <input type="checkbox"/> stabilized chlorine <input type="checkbox"/> saltwater chlorination <input type="checkbox"/> bromine <input type="checkbox"/> other:				
Disinfectant Feeder Make and Model:				
Disinfectant Feeder Capacity (kg/24 hrs):		Point of Injection: <input type="checkbox"/> filter influent <input type="checkbox"/> filter effluent	Maximum Dosing Rate (mg/L):	
Chemical Feeders				
FEEDER #1	Make and Model:			
	Chemical/Slurry Fed:	Capacity (kg/24 hrs):	Injection Point:	
FEEDER #2	Make and Model:			
	Chemical/Slurry Fed:	Capacity (kg/24 hrs):	Injection Point:	

Application for Operating Permit

Pool Data Sheet

Pool Inlets					
Inlet Type:		Inlet Size (cm):		Number of Inlets: at m spacing	
Depth Below Water Level (cm):					
Drains					
Total Number of Drains:					
MAIN DRAIN	Make and Model:				
	Number:	Size of Free Opening (cm ²):		Velocity through Grate Opening (m/sec):	
JET PUMP DRAIN (if separate from main drain)	Make and Model:				
	Number:	Size of Free Opening (cm ²):		Velocity through Grate Opening (m/sec):	
OTHER DRAIN (specify)	Make and Model:				
	Number:	Size of Free Opening (cm ²):		Velocity through Grate Opening (m/sec):	
OTHER DRAIN (specify)	Make and Model:				
	Number:	Size of Free Opening (cm ²):		Velocity through Grate Opening (m/sec):	
OTHER DRAIN (specify)	Make and Model:				
	Number:	Size of Free Opening (cm ²):		Velocity through Grate Opening (m/sec):	
Overflow (Skimmers/Gutters)					
Overflow Type: <input type="checkbox"/> skimmer <input type="checkbox"/> raised-edge gutter <input type="checkbox"/> roll-out gutter <input type="checkbox"/> deck-level gutter <input type="checkbox"/> other:					
GUTTERS	Number of Gutter Drains (m spacing):			Gutter Drain Size (cm):	
SKIMMERS	Make and Model:				
	Quantity:	NSF Approved: <input type="checkbox"/> yes <input type="checkbox"/> no	Total Weir Length (cm):	Maximum Overflow Capacity (L/min):	Normal Flow Through Capacity (L/min):

Application for Operating Permit

Pool Data Sheet

Make Up Water Source				
Source: <input type="checkbox"/> public <input type="checkbox"/> private		Size of Makeup Line (cm):	Control: <input type="checkbox"/> manual <input type="checkbox"/> automatic	Air Gap: <input type="checkbox"/> yes <input type="checkbox"/> no
Backflow Preventer: <input type="checkbox"/> yes <input type="checkbox"/> no		Backflow Preventer Make and Model:		
Piping (Add extra pages if needed)				
SYSTEM #1	System/Liquid Carried:	Material: <input type="checkbox"/> copper <input type="checkbox"/> carbon steel <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> other:		
	Maximum Velocity (m/sec):	Return piping to pool:	Supply piping to pool:	
SYSTEM #2	System/Liquid Carried:	Material: <input type="checkbox"/> copper <input type="checkbox"/> carbon steel <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> other:		
	Maximum Velocity (m/sec):	Return piping to pool:	Supply piping to pool:	
SYSTEM #3	System/Liquid Carried:	Material: <input type="checkbox"/> copper <input type="checkbox"/> carbon steel <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> other:		
	Maximum Velocity (m/sec):	Return piping to pool:	Supply piping to pool:	
Data Sheet Revision History				
Version	Prepared By	Company	Date	Revision Details

APPENDIX C: APPLICATION FOR CONSTRUCTION PERMIT

SEE NEXT PAGE

Application for Construction Permit

Information Requirements

Information Requirements supporting the Application for Construction Permit

Pursuant to the Pool Regulation, the person applying for the construction permit shall ensure the attached Pool Information Sheets are duly completed by the project design professionals. Design professionals are design architects who are registered or licensed under the *Architects Act* and/or the design engineers who are registered or licensed as a professional engineer under the *Engineers and Geoscientists Act*. The Pool Information Sheets will be considered as statements of fact to support the health officer's evaluation and decision to issue a construction permit under the Pool Regulation s.5(3).

The person applying for the construction permit shall ensure that all related plans and specifications for the construction as prepared, sealed and certified by an architect or engineer are submitted with this application package. A person must not construct the pool other than in accordance with the plans and specifications submitted with this application, unless prior written approval is obtained from a health officer.

The Pool Owner, or their authorized agent, must sign the declaration in this Application for Construction Permit, confirming the pool will be constructed in accordance with the plans and specifications accompanying this Application for Construction Permit.

A preliminary version of the pool data sheet should also be submitted with the Application for Construction Permit. It is recognized that at time of construction permit application, the pool data sheet would be based on preliminary estimates for flow rates, head, and other key operating parameters. If parameters change, the pool data sheet should be resubmitted with the updated actual operating information and recalculations if required.

Additional Note: Operating Permit Requirements

Once the pool is constructed, an operating permit will be required prior to operating the pool. As part of the information package supporting the application for an operating permit, a signed statement from an engineer or architect must be submitted confirming that the pool has been constructed so as to substantially comply, in all material respects, with the plans and specifications submitted in support of this Application for Construction Permit.

Application for Construction Permit

Application Form

Application To

<input type="checkbox"/>  fraserhealth Better health. Best in health care.	<input type="checkbox"/>  Interior Health	<input type="checkbox"/>  Vancouver Coastal Health Promoting wellness. Ensuring care.	<input type="checkbox"/>  island health	<input type="checkbox"/>
<input type="checkbox"/>  northern health the northern way of caring				

Name of Pool:

Date (dd/mm/yyyy):

Street Address:

Contact Information

OWNER OR AGENT	Name:	
	Address:	
	Phone Number:	Email Address:
PERSON APPLYING FOR PERMIT (if different from owner)	Name:	
	Address:	
	Phone Number:	Email Address:

Owner's Confirmation of Commitment

I, _____ as owner of the above noted pool, confirm that it will be constructed in accordance with the information contained herein and according to the plans and specifications submitted with this Application for Construction Permit. No changes to the pool plans and specifications will be made unless they have been authorized in writing by the design professional and with written approval from a health officer.

Furthermore, I understand that upon completion of the pool's construction, I must provide the _____ Health Authority with the following documentation before an Operating Permit for the pool can be considered:

- A signed statement from an engineer or architect that the pool has been constructed so as to substantially comply, in all material respects, with the plans and specifications submitted under this Application for Construction Permit.
- A copy of a completed Swimming Pool Data Sheet providing detail of the pool as constructed.
- A copy of the Pool Safety Plan prepared in accordance with s.13 of the Pool Regulation.

Signature of Owner or Authorized Agent:

Date (dd/mm/yyyy):

Application for Operating Permit

Pool Inf Sheets

General Information			
Name of Pool:			
Civic Address:			
Pool Type: <input type="checkbox"/> public <input type="checkbox"/> commercial <input type="checkbox"/> hot tub <input type="checkbox"/> spray pool <input type="checkbox"/> wading pool			<input type="checkbox"/> indoor <input type="checkbox"/> outdoor
Owner Information			
Name (Legal):			
Address:			
Phone Number:		Email Address:	
Designer Information (Append additional information for multiple designers):			
Name:			<input type="checkbox"/> PEng <input type="checkbox"/> Architect
Company (Legal Corporate):			
Address:			
Phone Number:		Email Address:	
General Pool Design Parameters (Append additional information for multiple pools):			
Pool Volume (m ³):	Pool Area (m ²): pool: deck:	Water Depth (m): min: max:	
Maximum Bathing Load (persons): Shallow: Deep: Total:		Pool Basin Colour:	Color Complies with Pool Reg <input type="checkbox"/> yes <input type="checkbox"/> no
Turnover (hrs):	Design Flow Rate (L/min):	Gauges (qty): pressure: vacuum: temperature:	
Flow Meter Make and Model:		Range (L/min): from: to:	
Filters: <input type="checkbox"/> sand <input type="checkbox"/> diatomaceous earth <input type="checkbox"/> pressure <input type="checkbox"/> vacuum <input type="checkbox"/> gravity			NSF Approved: <input type="checkbox"/> yes <input type="checkbox"/> no
Disinfection: <input type="checkbox"/> hypochlorite <input type="checkbox"/> chlorine gas <input type="checkbox"/> stabilized chlorine <input type="checkbox"/> bromine <input type="checkbox"/> other:			

Application for Operating Permit

Pool Inf Sheets

Health Hazard Related Design Parameter Reference to Pool Regulation (PR) and B.C. Guidelines for Pool Design (GPD)	Design Parameter Met	Initials
The plans include a fence or other barrier around the pool and its walkways with controlled access to prevent access by animals and persons who are not pool patrons. This provision does not apply to spray pools or wading pools that are planned to be drained before dark and left empty overnight. PR s.(7)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
The pool design provides for the pool water to be maintained at a temperature of no more than 37°C. PR s.10(2)(b)	<input type="checkbox"/> yes <input type="checkbox"/> no	
Disinfection equipment is designed to be capable of maintaining disinfection levels in accordance with the Pool Regulation PR s.10(2)(f) & s.10(2)(g) & Schedule 3, s.1(2)	<input type="checkbox"/> yes <input type="checkbox"/> no	
The pool circulation system is designed so that pool water will not pass through any drain grate at a speed greater than 46 cm per second when the pool is operating at the design flow rate. PR s.10(2)(k) or waiver obtained under s.10(3)	<input type="checkbox"/> yes <input type="checkbox"/> no	
The pool design allows for water to be circulated through the skimmers or gutters at a rate of flow at least equal to 50% of the design flow rate. PR s.10(2)(j)	<input type="checkbox"/> yes <input type="checkbox"/> no	
The pool circulation system is designed so the water circulation rate (pool turnover) will substantially comply with the GPD. GPD – Water Circulation	<input type="checkbox"/> yes <input type="checkbox"/> no	
The pool design substantially complies with the Pool Regulation and the GPD for the prevention of entrapment or suction hazards. PR s.10(2)(k) or waiver obtained under s.10(3); GPD – Main Drain and Suction Entrapment Hazards & Other Entrapment Hazards.	<input type="checkbox"/> yes <input type="checkbox"/> no	
The pool design allows for sufficient lighting so that all areas are visible to pool patrons, lifeguards, and operators. PR s.11(2)(a); GPD – Natural and Artificial Lighting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
All pool aprons, walkways and floors have a surface that is slip-resistant when wet, and slopes away from the pool such that, when the aprons, walkways and floors are wet, water does not accumulate or flow back into the pool PR s.11(2)(c) The friction coefficient of tiled surfaces specified for installation in and around the pool is _____ (static/dynamic), and will meet best practice guidelines referenced in the GPD with respect to being non-slip when wet. GPD – Flooring	<input type="checkbox"/> yes <input type="checkbox"/> no	
The design requires that the nose of any step or ledge in the pool is marked in a contrasting colour to the remainder of the step or ledge PR s.11(2)d	<input type="checkbox"/> yes <input type="checkbox"/> no	
The design provides for secure handrails at steps, ladders and diving boards. PR s.11(2)(e)	<input type="checkbox"/> yes <input type="checkbox"/> no	
The design includes pool depth markings in accordance with the requirement of the Pool Regulation PR s.11(2)(f)	<input type="checkbox"/> yes <input type="checkbox"/> no	
The design includes controls that will allow for regulating hot water temperature in pool facilities to no more than 49°C. PR s.11(2)(g)	<input type="checkbox"/> yes <input type="checkbox"/> no	

Application for Operating Permit

Pool Inf Sheets

Health Hazard Related Design Parameter Reference to Pool Regulation (PR) and B.C. Guidelines for Pool Design (GPD)	Design Parameter Met	Initials	
The pool design provides for, where applicable, hot tub water to be maintained at a temperature of no more than 40°C. PR s.16(b)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
The filters are designed to provide proper filtration of the water at maximum flow rates as per the GPD. GPD - Filtration	<input type="checkbox"/> yes <input type="checkbox"/> no		
The design incorporates a pool basin surface, that when filled with water, will be light in colour and have a light reflectance value of at least 60%, measured according to ASTM C609-07 standard to substantially comply with the Pool Regulation and the GPD. PR s.3(a); GPD – Pool Basin Colour and Patterns	<input type="checkbox"/> yes <input type="checkbox"/> no		
All diving boards and poolside play equipment are designed and located in accordance with applicable standards referenced in the GPD. GPD – Play Equipment	<input type="checkbox"/> yes <input type="checkbox"/> no		
Backflow preventers are provided in all areas necessary to prevent cross contamination between the potable water supply, pool water and wastewater lines. GPD – Cross Connection Control (AWWA Canadian Cross Connection Control Manual)	<input type="checkbox"/> yes <input type="checkbox"/> no		
Design Professionals			
The design professional responsible for each component noted in the Health Hazard Related Design Parameter Checklist above shall initial applicable row(s) as a confirmation to a statement of fact and fill in the information in the table below.			
Design Professional Name	Engineer or Architect	Company	Initials

APPENDIX D: POOL DESIGN CONSIDERATIONS FOR COMMUNICABLE DISEASE PREVENTION

In light of the COVID-19 pandemic, there are additional considerations which can be incorporated into the design of pools and hot tubs to reduce the risk of communicable disease spread. Recommendations which should be considered alongside the remainder of the Guidelines for Pool Design are detailed below, with reference to the corresponding section of the Guidelines.

These recommendations are not mandatory, but may help pool facilities to maintain operational flexibility for both the short term of the COVID-19 pandemic, and in preparation against any future outbreaks of acute respiratory illness.

3.2 Decks and Deck Drains

Pool Deck

It may be advantageous to design walkways of an adequate size to allow for physical distancing (at least 2 m between patrons) where one-way food traffic cannot be implemented. If this is not possible, then it may have to be addressed in the Pool Safety Plan or Operating Plan.

Note that any markings for social distances/one-way traffic must not cause a slipping hazard, nor should they obstruct safety signs. Any signage designating 2 m distances should be implemented with care to not cause confusion with pool water depth.

Reduced Walkways

Physical distance requirements (at least 2 m between patrons) should also be considered. Refer to 3.2 Decks and Deck Drains – Pool Deck for more information.

3.3. Flooring

Flooring should allow for easy and thorough disinfection, in addition to cleaning.

3.5 Diving Boards and Platforms

Surfaces

Physical distance requirements (at least 2 m between patrons) should also be considered. Refer to 3.2 Decks and Deck Drains – Pool Deck for more information.

3.8 Spectator Seating

Physical distance requirements (at least 2 m between patrons) should also be considered. Where possible, directional markers should be provided for spectators such that walking routes are one-way only, and seating should be spaced or labelled/blocked to provide for adequate distancing.

5.1 Change rooms

Design of changerooms should take physical distancing requirements into consideration. Some examples:

- Where possible, design spaces such that foot traffic will proceed in one direction
- Where two-way foot traffic is unavoidable, adequate space for physical distancing (at least 2 m between patrons) should be provided
- Consider the layout of changing stalls, benches, etc. to allow for adequate personal space between patrons. Provisions for additional removable physical barriers (i.e. plexiglass) could be included to temporarily reduce interactions

5.2 Plumbing Fixtures

Drinking Water

Drinking water fountains or water dispensing units should be easy to clean and disinfect regularly to prevent contamination. Consideration should be given to the provision of single-use disposable paper cup dispensers and a waste basket at fountains.

6.3 Air Quality, Humidity, HVAC Systems and Building Requirements

Additional Proposed Subsection: HVAC Design and Operational Considerations for Pandemic Safety

Engineering controls, specifically for changes to HVAC design and/or operation, may be considered to reduce airborne transmission of SARS-CoV-2 (the virus responsible for COVID-19) and other emerging pathogens of concern. This is supported by researchers and industry groups, including ASHRAE and AIHA (American Industrial Hygiene Association).

The most important initial consideration is to ensure that HVAC is designed and operating within its design parameters, per current ASHRAE protocol. This may require the assistance of an industrial hygiene professional.

Some specific HVAC design considerations to reduce airborne transmission of pathogens such as SARS-CoV-2 are included below. These suggestions should be considered based on risk assessments of each system, and can be added early in design, during retrofit, or in an emergency response scenario.

- Maintaining relative humidity between 40% and 60% indoors may help to limit the spread and survival of SARS-CoV-2, while minimizing the risk of mold growth, maintaining hydration and promoting healthy “mucosal clearance” of human occupants.
- Designs should promote cleaner airflow patterns which provide effective flow paths for airborne particulates to exit spaces to less clean zones and use appropriate air-cleaning systems.
- Actual air changes per hour (ACH) should be determined through on site testing (for example, using carbon dioxide meters). If ACH is inadequate (refer to ASHRAE Standard, 2019) or additional modifications are desired based on risk assessments, strategies to improve indoor air quality in the pool facility include:

- Increasing outdoor air by opening windows or setting mechanical ventilation/central air system to the maximum outdoor air ventilation rate for the system, with consideration of outdoor temperatures and conditions (for example, dampers may need to be closed during forest fires when air quality is poor).
- Use MERV13 filters (or better) on recirculated air. An HVAC designer or commissioning agent should be consulted to ensure the mechanical system can handle this filter.
- Portable air cleaner(s) with HEPA filters can be operated. The air cleaner must be appropriately sized for the room dimensions and clean air delivery rate target. An example calculator tool developed by Harvard and CU-Boulder can be found here: <https://tinyurl.com/portableaircleanertool> (https://docs.google.com/spreadsheets/d/1NEhk1IEdbEi_b3wa6gl_zNs8uBJlSS-86d4b7bW098/)
- Duct- or air-handling-unit-mounted, upper room, and/or portable UVGI (ultraviolet germicidal irradiation) devices in connection to in-room fans can be installed, with appropriate shielding to prevent direct exposure to eyes. Note that UVGI systems and similar technology may require significant modification to mechanical equipment to ensure performance, and may be unreasonably complicated for many systems.

Finally, energy use should be considered when selecting mitigation strategies. Many preventative design considerations may result in increased energy usage, but control changes and energy recovery may be integrated to reduce or offset increases in energy and operating cost.

8.7 Maximum Bathing Load

For COVID-19 physical distancing, maximum bather loads may need to be reduced to allow for 2 m spacing between bathers.

Hot Tubs

Hot tubs must allow for 2 m distancing between bathers unless members of the same family/party. Therefore: bather load = total metres of linear seating space / (2 m/person)

Tubs with diameters <4 m can only be occupied by one party at a time as they cannot provide adequate spacing for additional people.

9.2 Disinfection and Other Chemicals

As a note, there is no evidence that COVID-19 can be spread to humans through the pool water. Proper operation, maintenance, and disinfection of pools and hot tubs should inactivate the virus that causes COVID-19.

10.2 Play Equipment

Consideration should be given to the ability to disinfect play equipment, or ease of removal to prevent disease spread.

11.4 Spray Pools

Spray Deck

Physical distance requirements (at least 2 m between patrons) should also be considered. Refer to 3.2 Decks and Deck Drains – Pool Deck for more information.

11.5 Vanishing-edge Pools

Perimeter Deck

Physical distance requirements (at least 2 m between patrons) should also be considered. Refer to 3.2 Decks and Deck Drains – Pool Deck for more information.

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**B.C. GUIDELINES FOR
POOL OPERATIONS
INTERIM VERSION 3**

OCTOBER 2021

**HEALTH PROTECTION BRANCH
MINISTRY OF HEALTH**



PREFACE

The B.C. Pool Regulation, B.C. Reg. 296/2010 (pursuant to the *Public Health Act*) replaced the Swimming Pool, Spray Pool and Wading Pool Regulation, B.C. Reg. 289/72, and the Pool Exemption Regulation, B.C. Reg. 256/98. The regulation came into effect on October 8, 2010 and was amended on August 8, 2012 and February 5, 2021. The Pool Regulation modernizes the requirements for the design, construction, alterations to, and operation of swimming and bathing facilities offered for use by the public.

The regulation is a shift from a prescriptive to an outcome-based regulation. *B.C. Guidelines for Pool Operations* is designed to help operators and regulators interpret the Pool Regulation with respect to the operation of pools. These guidelines represent generally accepted standards of safe practices.

Depending on the type of pool and the use that it is put to, higher standards may be required. Each pool owner is responsible for ensuring optimum water quality and pool safety. While the guidelines provide information on pool operations, they are not meant to be a substitute for a detailed pool operator's course.

In this document, "should" indicates a generally accepted standard, whereas "must" denotes a requirement of the Pool Regulation, B.C. Building Code, B.C. Plumbing Code, B.C. Electrical Code, or other applicable regulations. Where there is a discrepancy between any B.C. legislation and these guidelines, the legislation shall prevail. Where there is a discrepancy between the B.C. Pool Regulation and these guidelines, the Pool Regulation shall prevail.

The guidelines were developed with input from various stakeholders, including British Columbia's health authorities, BC Recreation and Parks Association, the Lifesaving Society, Canadian Institute of Public Health Inspectors, Architects Institute of British Columbia, WorkSafeBC and the Association of Professional Engineers and Geoscientists of British Columbia.

The operation guidelines may be reviewed and updated from time to time. Please visit the Ministry of Health's Recreational Water Quality website for updates:

http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html.

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PART ONE: GENERAL OPERATION

1 OPERATING PERMIT

Reference Section of Pool Regulation: *Section 6*

All pools in British Columbia that fall under the Pool Regulation must have a valid operating permit issued by the health authority. The regulation requires that an operating permit be posted in a prominent place on the premises and that all requirements set out in the permit are complied with. An operating permit is not transferable – the permit is valid only for the pool for which it has been issued and is not valid with a change of pool ownership. It expires on the earlier date specified in the permit, if any, or one year following issuance of the permit.

An application for an operating permit must include the following documentation:

1. A signed statement from an engineer or architect once they are satisfied that the pool has been constructed so as to substantially comply, in all material respects, with the plans and specifications submitted in the application for construction permit. For a copy of this application refer to the *B.C. Guidelines for Pool Design* on the Ministry of Health's website at:
http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html.
2. A copy of the completed pool data sheet. For a copy of the pool data sheet, refer to the *Pool Safety Plan Guide for Pool Operators* on the Ministry of Health's website at:
<https://www2.gov.bc.ca/gov/content/environment/air-land-water/water/water-quality/recreational-water-quality>.
3. A copy of the pool safety plan for your pool prepared in accordance with Section 13 of the Pool Regulation. For information on pool safety plans, refer to Part 4: Pool Safety Plans in this document. To read the *Pool Safety Plan Guide for Pool Operators*, visit:
https://www2.gov.bc.ca/assets/gov/health/forms/guide_and_pool_safety_plan.pdf.

The operating permit may state terms and conditions for the pool operation, such as maximum bather load, design flow rate and any other conditions required by the health authority. Contact your local health authority to apply for an operating permit or get more information on obtaining one.

Spray pools that use water from a water supply system as defined in the *Drinking Water Protection Act* – where the water drains and is not recirculated – do not require operating permits. These types of pools generally do not present a communicable disease risk. They will, however, continue to require construction permits to ensure safety hazards are managed through the design of physical features.

2 SPRAY POOLS

Reference Section of Pool Regulation: *Section 6*

Spray pools are to be operated and maintained in a safe and sanitary manner to reduce the risk of injury or illness to patrons. Key operational considerations include:

- Completion of a pool safety plan to document operational processes for faecal incidents.
- Spray pool signage should be posted at the entrance to the pool in location visible to all patrons (refer to Part 1, Section 3 of these guidelines for spray pool signage recommendations).

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- Discontinue use of the spray pool where there is contamination of the water or a health or safety concern is identified that warrants closure. Your local health officer can be consulted to determine if closure is required.
- Public complaints regarding alleged injury, illness, or infection associated with use of the spray pool to be logged and reported to the local EHO.
- Wash down and rinse the spray pool pad as required in the pool safety plan. At a minimum, daily flushing of the spray pad to waste prior to operation is recommended.
- Regular cleaning and disinfection of spray pad surfaces should be conducted using a sanitizer suitable for the material.
- Drainage should be directed to waste when the pool is not in operation.
- Undertake daily inspections of the spray pool to ensure adequate safety and sanitary conditions are being maintained. For example, ensure that:
 - Any debris that has accumulated on the pad overnight or potentially hazardous material (animal feces, broken glass) is removed before operation.
 - Drains are not blocked.
 - There are no equipment deficiencies/hazards.
 - UV disinfection systems are turned off when water is not being treated or recirculated.
- Store chemicals so that they are only accessible by the operator or designate.
- Make sure water used in the spray pool is free of potential disease-causing organisms or harmful chemicals, either via the water's source or from the appropriate filtration and disinfection systems. This can also include partial replacement of water in the collection tank with fresh potable water and complete drainage of the collection tank at a frequency adequate to maintain water quality.
- Regularly check and maintain the filtration and disinfection systems to ensure they are operating in accordance with their design.
- Ensure there is no standing water on or near the spray pool. Maintain or replace equipment to prevent standing water.

3 SIGNAGE AND POOL RULES

Reference Section of Pool Regulation: *Section 8*

An operator must post a sign stating the rules of the pool. Signage must be placed in a prominent location within the pool enclosure, so that it is clearly visible to all pool patrons. The pool rules must prohibit:

- Entering the pool enclosure with an illness – including open sores, bandages, exhibiting cold/flu-like symptoms, discharging ears and/or noses, and eye infections.
- Entering the pool enclosure without taking a cleansing shower first.
- Running, fighting or engaging in other conduct likely to cause an injury while in the pool enclosure.
- Contaminating or fouling the pool.
- Failing to immediately report an injury suffered while in the pool enclosure, or contamination or fouling of the pool, to the pool manager or lifeguard.
- Failing to supervise small children for whom one is responsible while in the pool enclosure.
- Diving into the pool, except in designated areas.

Signage must also be provided that indicates the:

- Location of the telephone for emergency use (mandatory for public pools).

B.C. GUIDELINES FOR POOL OPERATIONS

- Emergency numbers for the nearest hospital, ambulance services, police and fire departments.

When there is no lifeguard on duty, a clearly visible sign must be posted at each entrance to the pool stating that no lifeguard is on duty and that children under the age of 16 should be supervised by an adult.

For spray pools, as a minimum, there should be adequate signage around the spray pad to convey:

- That the water discharged by the spray features is not potable (e.g. “recycled water – do not drink”).
- Appropriate pool safety rules, including no domestic animals, no food/beverages, toddlers to wear swim diapers etc., and to report any concerns or incidents.
- Operator contact information:
 - Emergency contact number.
 - Maintenance contact number.

Pool operators may consider posting additional rules they deem appropriate for their facility. These may include, but are not limited to:

- Prohibiting glass in the pool area.
- Prohibiting people under the influence of intoxicants.
- Requiring clean and appropriate bathing attire as determined by pool management.
- Restricting the use of equipment in the interest of safety, where appropriate.
- Requiring that no more than 3 small children be closely supervised at all times by a responsible person of at least 16 years old.
- Keeping small children and especially infants, out of hot tubs and spas.
- Requiring that small children are supervised by one responsible person of at least 16 years of age at one time.
- Prohibiting the consumption of food, beverages and/or tobacco products in the pool area.
- Prohibiting people under the influence of intoxicants.
- Prohibiting glass in the pool area.
- Post emergency numbers for the nearest hospital, ambulance services, police, and fire departments (phone at main pool office).
- Requiring infants and toddlers to wear swim diapers and/or elastic swim pants.
- Prohibiting drinking the water in recirculation spray pools.
- Prohibiting animals in or near the pool (except registered assistance dogs).
- Requiring patrons with obvious flu-like symptoms, including vomiting and diarrhea, to leave the pool until their symptoms have stopped for at least 48 hours.

POOL RULES

Prominently posted pool rules help specify and educate patrons about appropriate behavior to ensure the health and safety of themselves and others using the facility.

For pools with slides, signage should be provided which indicates:

- Only one rider at a time.
- ‘Wait until the landing area is clear before entering the slide’.
- ‘Slide only in the sitting position or on the back’.
- ‘Do not attempt to stop on the slide’.
- ‘Leave the plunge area immediately’.

Slide users must be of an appropriate age and size to manage the slide.

* Note that, although not enforceable under the BC Pool Regulation, the Red Cross and BC Lifesaving society recommends the age of 7 years or younger for ‘small children’ or ‘infants’. Furthermore, ‘children’ applies to individuals between 7 and 10 years of age.

B.C. GUIDELINES FOR POOL OPERATIONS

Examples of typical rule signs for pools and hot tubs are included in Appendix A. Also note the recommendations for extra signage to address COVID-19 considerations in Appendix N.

All signage must be where pool patrons can clearly see and read it, preferably as they enter the pool. It should be consistent in format, easily understandable, include symbol signage wherever possible. Further consideration should be given to ensuring the print on signs is easily read by those with impaired vision. Providing Braille signage on all doors or any important safety notices are important considerations. All signs should be in English but can also be in a second language common to the location. Note that existing facilities are encouraged to update their signage to accurately reflect the provisions recommended in this section, and new facilities are encouraged to provide signage with the recommended provisions.

4 BATHER LOAD

The maximum permitted bather load of the pool is stated on a pool's operating permit or pool data sheet. The maximum bather load should be posted in prominent place. Pools are designed with a maximum number of bathers in mind for health, safety and engineering reasons. Pool operators should ensure:

- Disinfectant has the capacity to treat water contaminated by all bathers.
- The capacity of the surge tank for the pool is not exceeded.
- Sufficient washroom and change room space is provided.
- Overcrowding does not lead to increased risk of injury.
- Swimmers in distress can be easily identified.

Maximum bather loads should be based on each individual pool in a facility, not the combined capacity of all pools in a facility. In most cases, this will be determined using the formula below. However, this may need to be further adjusted based on operational issues or other factors (e.g., washroom capacity).

The following formulas can be used to calculate maximum bathing load. Pool depths of less than 60 cm (2 ft) need not be considered in the calculations.

Imperial: Maximum Bathing Load = $(D/27) + (S/10)$

Where D = area of pool in sq. ft where the water depth is equal to or greater than 5 ft, and

Where S = area of pool in sq. ft where the water depth is less than 5 ft.

Metric: Maximum Bathing Load = $(D/2.5) + (S/0.93)$

Where D = area of pool in m² where the water depth is equal to or greater than 1.5 m, and

Where S = area of pool in m² where the water depth is less than 1.5 m.

Bathing load for hot tubs may be determined at a rate of 60 cm (2 ft) of seating per person.

Note that the pool operator may elect to reduce the number of patrons in the pool (below the maximum bather load) based on the available sightlines and the current activity in the pool and available capacity of supervision.

Refer to Appendix N for modifications in bather load during the COVID-19 pandemic.

5 CLEANLINESS

Reference Section of Pool Regulation: *Section 9*

As part of the pool safety plan (see Part 4), the Pool Regulation requires that there must be a written program for cleaning and maintaining the pool, including the nature and frequency of cleaning. This may include a posted schedule that can help organize the cleaning tasks. A cleaning schedule should also include the methods, equipment and cleaning products to be used for each task.

Quaternary ammonium cation cleaners/sanitizers should not be used for cleaning pool deck surfaces. They interact with the chlorine to produce disinfection byproducts such as chloramines – decreasing the disinfecting efficacy of the pool water and contributing to the chlorine smell associated with pools. The exception is for localized cleanup of body fluids such as blood. When used for body fluids cleanup, quaternary ammonium cation cleaners/sanitizers should be rinsed to drain and kept from the pool basins. See US EPA protocol for body fluid cleanup at www.epa.gov/.

Pools must be kept clean and clear of obstructions, provide adequately equipped hand basins. Where services are offered, bathing suits and bath towels must be laundered after each use and stored/handled in a sanitary manner.

Pool water and the walls and bottom of the pool are to be kept free of visible dirt, litter, body oils and algae growth. Walkways, pool aprons, dressing rooms, shower rooms and toilets should be cleaned and sanitized at least daily, and kept free of all equipment and material not needed for the proper operation of the pool. Hand-washing facilities, with hot and cold running water, are to be adequately equipped and maintained with single-use towels or dryers and single-use soap in dispensers.

A CLEAN POOL

Promoting good personal hygiene helps maintain a sanitary, healthy pool environment. Dirty or unsanitary conditions can:

- Introduce unwanted bacteria, viruses, mould and algae into the pool environment.
- Reduce the effectiveness of chlorine or other disinfectants.
- Promote algae, mould or bacterial growth.

This can lead to:

- Slippery conditions due to algae and mould growth.
- Bacterial and fungal growth that can lead to infections and gastrointestinal outbreaks.
- Increased volume of pool chemicals required.
- Unpleasant odors.

Refer to Appendix N for sanitation considerations during the COVID-19 pandemic.

6 WINTER HAZARDS

Outdoor pools operated in cold climates are subject to hazards such as ice formation on decks, steps and ladders. Waterslides may be subject to freezing of water in the slide, which may be sharp enough to seriously cut a person.

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All pools operating in a location where there is a possibility of water freezing on the deck or edge of the pool must provide an effective method of heating the deck, access walkways and stairs to prevent the formation of ice and keep them ice free.

Consideration should be given to preventing the formation of ice on waterslides or other structures in the design. Pools that are shut down in winter require special design considerations and maintenance procedures to prevent damage to the pool during winter.

PART TWO: POOL WATER

1 POOL WATER PARAMETERS

Reference Section of Pool Regulation: *Section 10*

Maintaining pool water parameters within the acceptable ranges will help promote adequate disinfection and good water clarity, which are essential to patrons' health and safety. Balanced pool chemistry also helps reduce corrosion and scaling of the pool infrastructure, which significantly lowers long-term maintenance costs. It is the responsibility of each pool operator to ensure optimum water quality and pool safety.

2 TESTING FREQUENCY

Reference Section of Pool Regulation: *Section 10(2)*

The regulation requires minimum testing frequencies for water chemistry parameters, listed in Table 1. However, many pools may benefit from more frequent testing.

TABLE 1: WATER PARAMETERS TESTING FREQUENCY

Water Parameters	Minimum Frequency in Regulation	Recommended Frequency for Public Pools
Free available chlorine	at least twice daily	every 4 hours ^a
Combined chlorine	at least twice daily	at least twice daily
pH	at least twice daily	every 4 hours ^a
Alkalinity	at least weekly	at least weekly
Cyanuric acid ^b	at least weekly	at least weekly
Calcium hardness	n/a ^c	at least weekly
Saturation index ^d	n/a ^c	at least weekly
Total dissolved solids	n/a ^c	at least weekly

^a Or before and after periods of heavy use (high bather load). Testing also recommended 30 minutes prior to opening.

^b In pools where cyanuric acid stabilizer is used.

^c Not specified in the Pool Regulation but recommended.

^d See Appendix 2 for calculation example.

Your local health officer will help you determine an appropriate testing frequency for your facility. Note that, in some instances, the health officer has discretion related to the **frequency of testing** for disinfectants and for combined chlorine where the appropriate public health outcomes can be achieved through alternate testing frequencies.

B.C. GUIDELINES FOR POOL OPERATIONS

Bather load, temperature, type of use and type of pool may cause a shift in chemical parameters throughout the day. Increased testing frequency is warranted in the following cases:

- After chemicals are added to the pool because measurements can vary widely at this time.
- During periods of heavy use.
- With the use of erosion feeders for adding disinfectant (as they dissolve, their ability to add chlorine decreases).

Once chemicals have been added to the pool water and have had sufficient time to dissolve and mix, the water is to be tested prior to allowing the public to re-enter the pool.

Critical parameters such as free chlorine and pH require frequent testing to verify they are within the acceptable range. Where testing reveals a deviation from the acceptable range, corrective action must be taken immediately to ensure disinfection effectiveness to prevent bacterial growth. Other parameters are generally not subject to as much variation throughout the day and do not require as frequent testing.

Where automated systems are used for testing, your health officer should be consulted regarding requirements for manual testing to supplement the automated testing.

3 CHEMICAL TESTING EQUIPMENT

Suitable testing equipment is to be provided for the reliable determination of disinfectant residuals, pH (hydrogen ion concentration), total alkalinity, calcium hardness, and cyanuric acid. Other parameters that are frequently tested include total dissolved solids and oxidation-reduction potential (ORP). More information on ORP can be found in Part 2, Section 5.10.3.

Testing equipment must be kept onsite. Test kits are to be maintained and replaced in accordance with the manufacturer's recommendations. In many cases this will entail replacing reagents every year.

Pool operators and/or pool staff need to be trained in the proper use of test kits and know how to respond to a specific reading – and/or to whom they should report the reading for a response (e.g., supervisor or pool-maintenance company).

Tests need to be conducted in accordance with the test kit manufacturer's instructions and recommendations. They should be undertaken by individuals trained to do the testing and who know how to respond to a specific reading. Testing equipment needs proper maintenance. Similarly, chemical controllers should be maintained and calibrated according to the manufacturer's recommendations.

Where monopersulfate is used to shock pool water, it can interfere with test kits and cause false chlorine readings. If these types of products are used, measurements should be undertaken using a test kit with specific reagents that eliminate the interference.

Chemical test strips should only be used as a preliminary screening tool or to augment routine monitoring with a reagent test kit. They should not be used as a sole monitoring method.

Test kits that use the "DPD (diethyl-p-phenylene diamine) method" are recommended for testing free and combined chlorine. Test kits using the "OTO method" (orthotolidine) should not be used. OTO presents health

ACCURATE TEST RESULTS

Accurate test results allow operators to verify that the pool chemistry is in balance – or take corrective action when necessary to ensure effective disinfection, and reduce corrosion and scaling. To get accurate results, appropriate equipment must be used, and the manufacturer's instructions followed.

hazard risks because it only indicates total chlorine and does not differentiate between free and combined chlorine.

4 RECORDS

Reference Section of Pool Regulation: *Section 19*

Operators must ensure a daily record is kept for each pool. The record must be available onsite for inspection by the health officer upon request. Records must include:

- All complaints, near misses, and injuries sustained at or within the pool.
- All occurrences of fecal and vomit contamination at or within the pool.
- The amount and types of chemicals added to the pool water.
- Results of pool water tests performed under the Pool Regulation or as required by the health officer.

Records are to be retained related to the maintenance of mechanical equipment. All records are to:

- Be accurate.
- Be clear and legible, recorded in ink.
- Indicate the date and time the test or corrective action was taken.
- Include the name of the individual conducting the test and making the entry.
- Be readily available for review on request of the health officer.

A sample pool and hot tub testing and maintenance log is in Appendix B, which may be copied and adopted.

Good record-keeping helps develop a historic record that can be used to resolve problems, track chemical use, troubleshoot unexpected results and respond to adverse events. For example, it is very helpful to know the exact amounts of chemical required to affect a particular amount of change in pool chemistry.

5 WATER QUALITY PARAMETERS

5.1 WATER CLARITY

Reference Section of Pool Regulation: *Section 10(2)(a)*

The regulation requires that water be clear enough that the pattern of the main drain or a black disc of 150 mm in diameter over a white background, located at the deepest point of the pool, can be clearly seen by a person standing on the edge of pool overlooking the main drain or disc. This criterion is a practical test for pool clarity that can be easily done when the pool is in use. Whenever the main drain of the pool is not visible, the operator must close the pool immediately and re-open it only when the visibility is acceptable.

Clear water is not only aesthetically pleasing; it also allows lifeguards and patrons to see swimmers in difficulty under water. As well, it reduces the chance of injury from colliding with an unseen object or person, and allows people to see potential hazards in the pool (e.g., broken glass). Cloudy or turbid pool water may also adversely affect the effectiveness of disinfectants in the pool water or indicate other problems with pool chemistry.

5.2 WATER TEMPERATURE

Reference Section of Pool Regulation: *Section 10(2)(b) and 16(b)*

The regulation requires that the temperature of pool water must not exceed 37°C, except for a hot tub, which must not exceed 40°C. It is recommended that pools used solely for competitive swimming be maintained at temperatures of 25°C to 28°C to avoid heat-stress-related incidents.

Pools are used for many purposes, including competitive sport, laps and water aerobics, leisure and hot tubs. Ideal water temperatures for each of these activities vary considerably.

Competitive swimmers, lap swimmers and patrons engaging in other vigorous physical activity prefer cooler water temperatures to help regulate body temperature. Patrons of leisure pools, such as wave pools, infant and tot pools, and other pools where patrons are not engaged in rigorous physical activity may prefer higher temperatures.

Patrons of hot tubs are the least active of pool users and use the facility for shorter periods of time. The World Health Organization says high temperatures (above 40°C) in spas or hot tubs may cause drowsiness, which may lead to unconsciousness and, possibly, drowning.

The maximum allowable temperature for pools protects the public from heat stroke or other potential heat/exertion risks. The current maximum in the regulation is based on work done for the British Swimming Association on hypo- and hyperthermia, physical exertion and water temperature. It indicates that a swimmer is unlikely to suffer heat stroke in water at 37°C. This suggests that facilities with leisure pools should be able to operate safely as high as this water temperature to meet their patrons' needs. The Model Aquatic Health Code considers 70°F (21°C) or lower to be cold water, so recommended that pool temperatures be kept above this minimum.

5.3 WATER MICROBIOLOGY

Reference Section of Pool Regulation: *Section 10(2)(c)*

The microbiological quality of water must not be a health risk for pool patrons.

When water samples are taken directly by pool operators, a copy of all results should be forwarded to the local health authority. Adverse microbiological testing results will often mean immediate corrective action is needed as required by the health authority.

Your local health authority will assist in deciding on a routine sampling schedule, sampling regime, and planning response to adverse results. This information may be required as part of the conditions on an operating permit.

In instances where a 'boil-water' or 'do not use' advisory is in place, contact your health authority for guidance on water quality and use in pool situations.

Many considerations are taken into account when determining a microbiological sampling regime, for example:

- How often you should take samples?
- How many samples should be taken at a time?
- From where should the samples be taken?
- What labs should analyze your samples?
- What tests should be done?
 - total coliform

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- fecal coliform
- *Pseudomonas*
- *E. coli*
- How should samples be transported to the lab?

Routine testing of water for bacteriological quality can provide evidence of the effectiveness of disinfection systems and sanitation schedules. Pool water found to have poor microbiological quality could indicate there is a problem with the disinfection and recirculation system. It could also indicate a health risk to your patrons.

5.4 pH AND ALKALINITY

Reference Section of Pool Regulation: *Section 10(2)(d)and(e)*

The pH of water must be tested at least twice daily, and maintained at no less than 7.2 and no more than 7.8.

The pH is a measure of how acidic or basic the water is, and is a critical parameter in pool chemistry. Maintaining pH within the required range of the regulation has a number of benefits:

- Chlorine disinfectants are most effective when the pH falls within a limited range (7.2 to 7.6 is optimal). (*Note that as the pH approaches 7.8 and above, it impacts the effectiveness of chlorine disinfectants.)
- It reduces eye and skin irritation.
- It reduces scale formation and corrosion.

Pool water pH is affected by many parameters, including activities in the pool, type of chemicals used and the addition of chemicals. These factors can cause spikes or drops in the pH, particularly in smaller pools.

Alkalinity is a measure of carbonate and bicarbonate on the water. The alkalinity of water must be tested at least weekly to ensure it is maintained in the range of 80-120 ppm to help the pool water resist rapid changes in pH.

In some instances, the health officer has discretion to set requirements for both pH and alkalinity that are more stringent than, or alternative to, those specified above, where the appropriate public health outcomes can be achieved through alternative testing frequencies.

5.5 CHLORINE DISINFECTANT

Reference Section of Pool Regulation: *Section 10(2)(f)*

Chlorine disinfectants used in the pool water must be tested at least twice daily and maintained at the minimum concentrations listed in Table 2.

TABLE 2: REQUIRED MINIMUM CONCENTRATION OF CHLORINE

Disinfectant	Stabilized/Unstabilized	Type of Residual	≤30°C	>30°C
Chlorine	Unstabilized	Free available chlorine	0.5 ppm	1.5 ppm
Chlorine cyanurate	Stabilized	Free available chlorine	1.0 ppm	2.0 ppm

Notes:

It is advisable to keep concentrations in the pool 0.5 ppm above the minimum listed in Table 2 to allow for a drop-in response to increased use.

- 1) Generic chemical compounds that could be found in stabilized chlorine products and un-stabilized chlorine compound are as follows:
 - a. Un-stabilized chlorine is the most commonly used and includes:
 - i. Chlorine gas
 - ii. Calcium hypochlorite (powder and tablets)
 - iii. Sodium hypochlorite (liquid)
 - iv. Lithium hypochlorite (powder)
 - b. Stabilized chlorine compounds are disinfectants which have cyanuric acid (a stabilizer) added to prevent chlorine loss from reaction with sunlight. They are available on the market in various forms.
 - i. Trichlor:
 1. Trichloro-isocyanuric acid or Trichloro-s-triazinetriene (CINCO₃)
 - ii. Dichlor:
 1. Sodium-dichloro-isocyanurate or Sodium-dichloro-triazine-trione (Cl₂Na(NCO₃))
 2. Potassium dichloro-isocyanurate or potassium dichloro-striazinetriene (Cl₂K(NCO₃))
 - c. Cyanuric acid could lead to chlorine becoming over stabilized and no longer effective as a disinfectant. See Section 5.7 for effects of cyanuric acid.

Chlorine is the most widely used disinfectant in regulated pools in B.C. Generally, it is added to pool water by adding chlorine gas, or hypochlorites in liquid or solid form. These are powerful oxidizers that, when used properly, can control viruses and bacteria in pool water.

The complexities of chlorine chemistry can be simplified to what can be measured by a basic test kit:

- Free available chlorine (FAC) is the portion of the chlorine in the water that does most of the disinfecting and oxidizing.
- Combined available chlorine (CAC) is that which has reacted with organic or nitrogen-containing compounds and remains in pool water.
- Total available chlorine (TAC) is the sum of free available chlorine plus the combined available chlorine according to the formula $TAC = FAC + CAC$.

As most test kits test only for total and free available chlorine, the combined available chlorine can be determined by rearranging the above formula to $TAC - FAC = CAC$.

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There are many factors that affect the effectiveness of chlorine disinfection. High concentrations of organic matter (e.g., high bather load, sunscreen and tree leaves) can create a significant demand on disinfectants. This is especially true in smaller pools where it is advisable to keep disinfectants greater than the minimum concentration to allow for a drop in disinfection effectiveness to increased use.

Once free available chlorine reacts with organics or nitrogen-containing compounds to form combined available chlorine (CAC), it is much less effective at disinfection. CAC can cause objectionable odors and may cause eye or respiratory irritation to patrons. To avoid these problems, CAC should be removed by superchlorination, oxidation or other means before it reaches the maximum level permitted in the regulation. Combined available chlorine should be kept as low as possible and must not exceed 1 ppm.

Chlorine pucks are **not** to be used in skimmers as this is not an acceptable means to chlorinate pools. They can present an immediate chemical hazard to bathers and are an ineffective method of chlorination due to their inability to quickly respond to fluctuating chlorine demands.

Higher water temperatures favor bacterial growth and require a higher concentration of disinfectant.

It is recommended that operators of salt water systems or erosion feeders have supplementary forms of chlorine (e.g., calcium hypochlorite, sodium hypochlorite, lithium hypochlorite and dichloroisocyanurate) available to use in the event that a rapid increase in the chlorine concentration is necessary.

5.6 HOT TUBS

For hot tubs, it is recommended that disinfectant should be maintained in the range of 3.0 ppm – 5.0 ppm for free available chlorine or 5.0 ppm – 8.0 ppm for bromine.

Due to the potential for sudden increases in bather load, temperatures in excess of 37°C and relatively small volume water in hot tubs, higher levels of free chlorine help to ensure chlorine levels do not drop below acceptable levels. This is not as critical in hot tubs with automatic controllers, as they are able to respond more quickly to fluctuations in chlorine levels. The water temperature in hot tubs must not exceed 40°C.

Contact WorkSafeBC for information on safe practices for handling chlorine products.

5.7 CYANURIC ACID

Reference Section of Pool Regulation: *Section 10(2)(h)*

If cyanuric acid is used in pool water, the concentration must be tested at least weekly, and maintained at a concentration of less than 80 ppm. An increase in the amount of free chlorine concentration is also required (see section 5.5, above) when cyanuric acid is used in pool water.

A concentration of 30 ppm to 50 ppm is an ideal range when used in outdoor pools.

Cyanuric acid is a stabilizer that helps outdoor pool water resist loss of chlorine due to ultraviolet light from the sun. Some commercial chlorine pool disinfectants contain cyanuric acid or it can be added to a pool on its own.

Cyanuric acid should not be used in indoor pools unless sunlight from windows or skylights is of concern regarding the degradation of chlorine.

Continued addition of cyanuric acid to outdoor or indoor pools will often result in elevated cyanuric acid concentrations. Elevated levels of cyanuric acid in a pool reduces the effectiveness of chlorine as a disinfectant. This can lead to algae and bacterial growth in the pool and on the deck. Once high concentrations of cyanuric acid

have accumulated in pool water, they can only be reduced by draining a portion of the pool and diluting it with fresh water.

5.8 OZONE

Ozone, where used, must always be in combination with a residual disinfectant such as chlorine.

Ozone is an effective sanitizer and oxidizer of organic matter. Pools that use ozone in conjunction with chlorine in the circulation system can effectively reduce the amount of chlorine needed to maintain the required minimum residual. Ozone is not a substitute for a residual disinfectant because it does not carry its disinfection properties into the pool. Therefore, ozone must always be used in combination with a residual disinfectant such as chlorine.

Contact WorkSafeBC to learn about safe practices for working with ozone (<http://www.worksafebc.com/>).

5.9 BROMINE

Reference Section of Pool Regulation: *Schedule 3*

Bromine disinfectants, where used in place of chlorine disinfectant, must be maintained at the minimum concentrations Table 3 and should not exceed 5.0 ppm (except in hot tubs, which should not exceed 8.0 ppm). It is advisable to keep concentrations slightly above the minimum level to allow for a drop in response to increased use.

TABLE 3: REQUIRED MINIMUM CONCENTRATION OF BROMINE AS AN ALTERNATIVE DISINFECTANT

Disinfectant	≤30°C	>30°C
Bromine	1.5 ppm	2.5 ppm

Bromine may be used in place of chlorine as a disinfectant. While it is widely used in private hot tubs, it is much less commonly used in regulated pools. Although its properties and function are similar to chlorine, it **may not** be as effective for killing some types of harmful bacteria such as *Pseudomonas*.

5.10 OTHER CHEMICALS, MEASURES AND CONSIDERATIONS

There are several other chemical parameters and measures that help maintain the balance of chemicals, indicate the disinfection capacity of water and contribute to the long term maintenance of a pool.

5.10.1 CALCIUM HARDNESS

The ideal range of calcium hardness is 180-240 ppm as shown in Table 4, below.

The "hardness" of water generally refers to the amount of dissolved calcium and magnesium in pool water. Pool water hardness can be adjusted by dilution, using a water softener, or by increasing calcium by adding calcium chloride. The widely accepted range for pool calcium hardness is 180-240 ppm. Water that is low in total hardness is called "soft" while water that is high in calcium hardness is called "hard." Maintaining pool water outside the

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recommended range is not advised because it will have adverse effects on both patrons and pool equipment. Problems can be expected below 150 ppm and above 300 ppm.

If calcium hardness is out of balance, problems may develop (e.g., corrosivity, clogged filters, cloudy water, reduced circulation and pitting of concrete deck surfaces).

5.10.2 TOTAL DISSOLVED SOLIDS

The ideal range of total dissolved solids is 200-800 ppm as shown in Table 4.

Total dissolved solids (TDS) can be described as the measure of the sum of all dissolved material in pool water. High TDS can impair the effectiveness of disinfectants and other chemicals, and may contribute to corrosion, cloudiness, scale formation and other pool maintenance issues. Partial or total replacement of the pool water is recommended when TDS becomes excessive.

5.10.3 OXIDATION REDUCTION POTENTIAL (ORP)

Where ORP is measured, it should be maintained in the range of 700 mV-750 mV as shown in Table 4.

ORP is used as a measure for the effectiveness of disinfectants in pool water, and is often used in conjunction with an automatic controller. ORP above 650 mV is an indication that the water has good disinfection properties.

Ozonated pools may have higher ORP measurements (e.g., 900-1000 mV), since concentrations of ozone residual may remain in the water. This is due to multiple acting oxidizers in the water (i.e., chlorine and ozone) that increase ORP levels.

TABLE 4: SUMMARY OF WATER CHEMISTRY PARAMETERS

Component	Ideal Range	Recommended Maximum Allowable Levels	Testing Frequency
Calcium hardness	180 – 240 ppm	300 ppm	Recommended weekly
Total dissolved solids	200 – 800 ppm	800 ppm	Recommended weekly
Stabilizer (cyanuric acid)	30 – 50 ppm	<80 ppm	Weekly
ORP	700 – 750 mV	750 mV	Every 4 hours

5.10.4 SALTWATER CHLORINATION

There is currently no specific guideline for salt concentration in pools; however, free chlorine residuals must still be maintained as required by the regulation (see section 5.5: Chlorine Disinfectant). Salt concentration will contribute to TDS.

Saltwater chlorine generation is an alternate method to traditional chlorine disinfection. Using this approach, the operator produces and uses chlorine onsite. This requires that the operator maintain salt in the pool water at approximately 2500 ppm. The salt in the pool water (sodium chloride – NaCl) is converted to sodium hypochlorite (NaOCl) through electrolysis, which typically occurs in specially designed sacrificial battery-like cells located in the

pool's mechanical room. These cells need to be replaced from time to time as per manufacturer's recommendations to ensure proper functioning of the system.

Operators of saltwater systems will need to respond to fecal accidents or periods of superchlorination by having an alternative chlorine source (e.g., sodium hypochlorite, calcium hypochlorite or lithium hypochlorite) to allow a quick response to fecal accidents and periods where the chlorine demand exceeds the capacity of the chlorine generating system.

5.10.5 POTASSIUM MONOPERSULPHATE

Potassium monopersulphate may be used to help reduce the concentration of combined chlorine residuals in pool water.

The use of monopersulphate may produce inaccurate total available chlorine readings, so operators should use caution not to add too much product. Over time, monopersulphate levels will subside, and chlorine readings will become more reliable.

Potassium monopersulphate is the active agent in most non-chlorine-based pool shock treatments, which are used to rid the pool water of excess combined chlorine. It is also known as peroxymonopersulphate, or just monopersulphate. The use of monopersulphate is often an attractive way to reduce combined chlorine levels because it does not require that the pool be closed for extended periods. Bathers can return to the pool after the chemical is dissolved and evenly distributed, provided the monopersulphate is used in the recommended dosage to pool water (follow product directions).

A monopersulphate residual will oxidize chloramines and organic waste in a similar manner as traditional pool disinfectants do. Monopersulphate, however, must be used in conjunction with a regular chlorine treatment program and not as a substitute. Operators must maintain the required free available chlorine levels while using this product. For more information on combined and free chlorine, refer to section 5.5: Chlorine Disinfectant.

5.11 ULTRAVIOLET LIGHT

Ultraviolet (UV) light may be used in combination with a residual disinfectant such as chlorine.

Ultraviolet light is sometimes used in conjunction with chlorine in the circulation system. It is not a substitute for a residual disinfectant, as it does not carry its disinfection properties into the pool. UV light therefore should be used in combination with a residual disinfectant such as chlorine.

The maintenance required for UV systems, including lamp replacement, should be per the manufacturer's instructions.

PART THREE: QUALIFICATIONS FOR MAINTAINING AND OPERATING POOLS

1 OPERATOR TRAINING

Reference Section of Pool Regulation: *Section 11*

The operator of a pool must ensure that pool maintenance is performed regularly. This must be done by or under the supervision of a qualified person trained in pool maintenance. A “qualified person” is someone who has taken an appropriate program of instruction in pool maintenance or who has the equivalent combination of knowledge and skills.

Table 5, below, outlines the minimum subject areas to be covered in a basic course to meet this requirement.

For new pools, it is recommended that at least one maintenance technician be on site for an adequate amount of time before opening to develop expertise with the pool systems, their operation and their potential risk to workers and the public.

Facility personnel (particularly maintenance personnel) must be familiar with the facility’s safety protocols and the use of equipment they are responsible for using and maintaining. They must understand the potential hazards to pool users that these systems present.

A basic course would be the minimum to meet the intent of the regulation for smaller facilities. Examples of the suggested course content are set out in Table 5.

Larger or more complex facilities should ensure personnel responsible for safety and maintenance of the pool are further trained in a more advanced course. Examples of the suggested course content are set out in Table 6. Any course provider that sets the course material will determine course length, and any prerequisites for courses the provider deems necessary.

TABLE 5: BASIC POOL OPERATIONS COURSE

<ul style="list-style-type: none"> • Pool Regulation, <i>Public Health Act</i> and other applicable legislation • pool types and designs • basic pool chemistry • water balance and testing • water circulation, filtration and turnover rate • pool volume calculations 	<ul style="list-style-type: none"> • alternate forms of disinfection • suction and entrapment hazards • preventative maintenance • seasonal maintenance • safe handling and storage of chemicals • troubleshooting problems • pool safety data sheet • water clarity
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TABLE 6: COMPREHENSIVE POOL OPERATIONS COURSE

<ul style="list-style-type: none">• review of basic pool operations course information• advanced pool chemistry• air quality (including operation of air exchange or HVAC systems)• filter sizing	<ul style="list-style-type: none">• hot water pools• diseases of pools and spas• custodial management/general maintenance• risk management• alternate forms of disinfection• troubleshooting/problem solving
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*Basic Pool Operator course should be included or a prerequisite to this course

*Additional training and/or references for each section may be included at the trainer's discretion



Photo Credit: Oak Bay Recreation Centre

PART FOUR: POOL SAFETY PLANS

1 POOL SAFETY PLANS

Reference Section of Pool Regulation: *Section 13*

A pool operator must develop a comprehensive written pool safety plan customized for their facility that provides information about the actions to ensure the health and safety of pool patrons.

Maintenance technicians and pool staff should participate in the development of the pool safety plan, due to their familiarity with the operations of the pool on a day-to-day basis.

The plan is to be reviewed and updated as appropriate, or at least annually.

The *Pool Safety Plan Guide for Pool Operators* has been prepared in conjunction with the health authorities and stakeholders. It is posted on the Ministry of Health's website at:

http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html.

The plan is to be made readily available to pool staff. Also, each staff member is to be trained in the pool's general safety protocols and the use of the equipment they are responsible for using and maintaining. It is pool operator's responsibility to ensure compliance with the plan by all employees.

Main components the plan must include are:

- Table of contents
- Procedures to be followed in the event of a serious injury, emergency or incident.
- The type of lifesaving, lifeguarding and first aid equipment to be kept within the immediate vicinity of the pool.
- The number of lifeguards and other staff that are to be on duty while the pool is in use.
- Operating procedures for the pool.
- The program of cleaning and maintenance of the pool, including the nature and frequency of cleaning and maintenance.
- Staff training and maintaining staff qualifications.

The plan will be reviewed by your health officer. He/she is responsible for determining that, if the plan is followed, the pool operation will not likely constitute a health hazard and an operating permit can be issued. The document inception date, as well as any revision dates should be added to the face plate of the document.

The following sections in this document provide details on what is to be addressed in each component of the pool safety plan.

Clear written procedures for preventing and responding to incidents are critical for:

- Staff training.
- Reducing likelihood of adverse events.
- Responding effectively to incidents that impact the health and safety of patrons and staff.

Where moveable equipment – including portable diving stands, inflatable floating structures, swim platforms (lesson tot docks), starting platforms and rope swings – are provided for the use of bathers in water parks, pools and other recreational water facilities shall ensure that the equipment is in place on the deck or in pool only during periods when its use is directly supervised by aquatic personnel (i.e. during supervised swim lessons). The equipment should be removed promptly when direct supervision of the activity or lesson has ended, as moveable

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equipment can cause entrapment and be hazardous to patrons if not supervised. Inflatables have grown in use and require procedures around supervision. These requirements should include following manufacturers' recommendations for anchoring, supervision, and maintenance. Staff should be trained in safe supervision.

With regards to competitive activities, starting blocks should be restricted to swimmers who are directly supervised by an instructor, coach or lifeguard. As well, swimmers who are not directly supervised by an instructor, coach or lifeguard, should be prohibited from using a 3 m diving board or platform. Pool operators should ensure access to a 3 m diving board or diving platform by a ladder is limited to individuals over 12 years of age and measuring at least 1.35 m (4 ft 4 in) in height.

Refer to Appendix N for additional pool safety plan considerations during the COVID-19 pandemic.

2 PROCEDURES FOR SERIOUS INJURY, EMERGENCY OR INCIDENT

Reference Section of Pool Regulation: *Section 13(2)(a)*

As part of the pool safety plan, each pool is to develop its own written plan on how to deal with serious injuries, emergencies and other incidents/high risk scenarios.

The section of the pool safety plan must:

- Include written procedures for handling serious injuries, emergencies and other incidents efficiently and safely.
- Describe both the equipment required in these situations and the related emergency procedures for staff to follow.
- Identify preventative measures to reduce risk of emergencies occurring including the removal of swim platforms and/or moveable equipment/structures when not directly supervised.
- Training staff to recognize high-risk scenarios that could lead to accidental chlorine gas exposure in facilities that use chlorine gas.
- Removing everyone from the pool and deck whenever possible if the recirculation system is not working properly.
- Prohibit re-entry to the pool and deck until the cause of the interruption has been resolved and the system has been functioning normally for at least 5 minutes with appropriate chemical levels.

Staff must know where all emergency and lifesaving equipment is located and be trained to use it.

TABLE 7: SITUATIONS THAT MAY BE ADDRESSED IN A FACILITY'S POOL SAFETY PLAN

Medical Emergencies <ul style="list-style-type: none"> • near-drowning or drowning • unconscious/not breathing/no pulse • chest pain • spinal and/or head injury • broken bones and/or sprains • seizures • heat-related incidents • allergic reactions 	Facility Emergencies <ul style="list-style-type: none"> • gas leak (e.g., chlorine, ozone, natural gas and propane) • chemical spill • fire • power failure • sewer backup • electrical discharge • air quality • recirculation system malfunction
Health/Hygiene Emergencies <ul style="list-style-type: none"> • fecal/vomit incidents • blood and bodily fluid exposure (in and out of water) • disease outbreaks 	Patron-related Emergencies <ul style="list-style-type: none"> • entrapped person • hostile person • missing person • suction hazards
Natural Disasters <ul style="list-style-type: none"> • earthquake • flood • lightning 	Other <ul style="list-style-type: none"> • ambulance access • incident reporting • media response • incident stress debriefing

Facilities without lifeguards must establish and post emergency procedures, as well as the location of the emergency phone, first aid kit and emergency exits.

3 LIFESAVING AND FIRST AID EQUIPMENT

Reference Section of Pool Regulation: *Section 13(2)(b)*

Lifesaving and first aid equipment must be:

- Listed in the pool safety plan.
- Kept within the immediate vicinity of the pool.
- Accessible at all times that the pool is in operation.
- In good working condition.
- Checked regularly for defects and the need for maintenance or replacement.

3.1 LIFESAVING EQUIPMENT

Lifesaving equipment is to be mounted in conspicuous places (e.g., on the wall around the pool) and readily accessible for use at all times. Public pools must maintain the life-saving equipment listed in their pool safety plans. Pools over 10 m² in size and operating as commercial pools must have:

- A nonconductive reaching assist of at least 3.5 m (11.5 ft.) in length, with a shepherd's hook.

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- A throwing ring, attached to a line of at least 6 mm in diameter and having a length of at least half the width of the pool + 3 m (10 ft.) mounted at poolside. Other options for lifeguards may include throw bags, whistles (for signalling staff/patrons), and rescue tubes (on-person in rescue-ready position) with proper training.

3.2 FIRST AID EQUIPMENT

The following emergency equipment is recommended to be in a pool safety plan, and in place at the facility:

- First aid kit. Refer to Schedule 3-A in the WorkSafeBC Occupational Health and Safety Regulations to determine the appropriate requirements, at: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-03-rights-and-responsibilities#Schedule3A>
- Personal protective equipment, including pocket masks and gloves.
- A spine board [with at least 3 Velcro straps and a head-security device].*
- Oxygen therapy equipment with a regulator, protective carrying case and spare oxygen tank.*
- Full set of airways.*
- Automated external defibrillator (AED).*
- Eye-washing stations.

Procedures for the disposal of First Aid waste items (e.g. disposable gloves, pads and dressings), and infection control precautions (example Bio-spill kit, sharps kits).

*This equipment is appropriate only at facilities with lifeguards or other personnel trained in their use.

See Appendix N for equipment considerations during the COVID-19 pandemic.

3.3 EMERGENCY TELEPHONE

Reference Section of Pool Regulation: *Section 14*

To facilitate rapid contact with emergency services, the following must be in place in public pools:

- A telephone in a conspicuous location designated for contacting emergency services free of charge and marked with a sign.
- A procedure and script, including the facility address, for contacting emergency services posted close to the designated emergency telephone.
- Telephone numbers of the nearest available hospital, ambulance service, police department and fire department displayed near the emergency telephone. In most cases this will be 911.
- Where a land-line phone is not available at a commercial pool, an alternate method of contacting emergency services should be established (e.g., emergency radio, cell phone and satellite phone).

4 LIFEGUARDS AND SUPERVISION

Lifeguarding requirements will be unique to each pool. The intent of this section of the pool safety plan is to:

- Describe the training required for lifeguards in your facility.
- Describe the opportunities for in-service and other training for staff.
- Provide staffing levels and schedules for all times the facility is in use.
- Develop written lifeguarding procedures for your facility.

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Lifeguards should be identified by a uniform at all times while on duty. Lifeguards and assistant lifeguards shall be so attired that they are readily identifiable.

Every lifeguard shall:

- be at least 16 years of age;
- be the holder of a current lifeguard certificate that is dated not more than 24 months prior to the date on which he or she is acting as a lifeguard; and
- have available at the pool when on duty the certificate or a copy thereof (the owner/operator may examine the certificate at any time).

4.1 UNSUPERVISED POOLS

Reference Section of Pool Regulation: *Sections 13(2)(c) and 18*

Some pools may operate without supervision by a lifeguard, including:

- commercial pools
- hot tubs
- spray pools
- wading pools

A commercial pool is one that is over 61 cm (24 in) in depth, and owned or operated by:

- A business enterprise that maintains private rooms or camping sites as accommodation for the public (other than an enterprise with fewer than four sites).
- A business enterprise that offers services only to persons holding membership with the enterprise.
- A strata corporation.

Examples of pools that may fall into this category include pools and hot tubs in most hotels, motels, inns, campgrounds, condominiums and apartments.

When a commercial pool, hot tub, spray pool or wading pool is operated without a lifeguard on duty, a clearly visible notice must be posted at each entrance to the pool stating that no lifeguard is on duty, and that children must be supervised by an adult.

A commercial pool or hot tub with a surface area greater than 10 sq m (108 sq ft) must also have, at poolside, a nonconducting reaching assist of at least 3.5 m (11.5 ft) in length with a shepherd's hook and a throwing ring, securely attached to a line of at least 6 mm (.25 inch) diameter and having a length of at least half the width of the pool plus 3 m (10 ft).

Although many pools may not be required by regulation to employ lifeguards, the pool operator may choose to employ lifeguards for any activities they deem necessary to protect patrons' health and safety.

A public pool may also operate without a lifeguard provided that, during that period:

- The only individuals permitted access to the pool are those receiving aquatic instruction and are closely supervised by an aquatic instructor and at least one other person responsible for assisting the instructor. The instructor and instructor assistant must be trained in the emergency procedures and the use of the emergency equipment described in the pool safety plan.
- A clearly visible sign is posted at each entrance to the pool stating that no lifeguard is on duty and that children must be supervised by an adult.
- The pool is equipped with the lifesaving equipment required for a commercial pool (see above).

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Additional recommendations (beyond the Pool Regulation) include:

- At least one aquatic instructor or coach should be at least 16 years of age and be a holder of an aquatic instructor certificate or aquatic coaching certification from a recognized Canadian agency, that is dated not more than 24 months prior to the date on which they are acting as an aquatic instructor or coach.
- The instructor and instructor assistant should be trained in the emergency procedures and the use of the emergency equipment described in the pool safety plan or shall ensure a lifeguard is on duty on deck during the period of time that the pool is being used for aquatic instruction, practice, competition or display.
- Operator should ensure adequate supervision is provided during a period when the pool is being used solely by one or more groups, each not exceeding a ratio of 1 certified instructor/coach per 25 participants for aquatic instruction, practice, competition or display.

4.2 MINIMUM STAFF REQUIREMENTS

Reference Section of Pool Regulation: *Section 17(2)*

Section 17.2 states that a public pool operator must ensure that, when the pool is open to the public, pool supervision is provided by at least one lifeguard and any additional lifeguards as required by the pool safety plan.

There must also be at least one additional person who is trained in the procedures and use of the equipment described in the pool safety plan – and designated by the operator for this purpose – on duty within the swimming facility available to assist the lifeguard in an emergency.

However, if the pool is being used only for aquatic instruction, both an aquatic instructor providing close supervision of the persons being instructed and at least one other person, both trained in the emergency procedures and in the use of the emergency equipment described in the pool safety plan, must be on duty.

If staff members other than lifeguards are responsible for assisting lifeguards in emergency situations, the employer should provide training to ensure the non-lifeguard staff are:

- Familiar with the emergency procedures.
- Practised in their role in these procedures, through formal training and regular in-service training.
- Certified with a current CPR certificate (or Standard First Aid).

4.3 RATIO OF BATHERS TO LIFEGUARDS

The ratio of bathers to lifeguards, beyond the minimum staff identified in section 4.2 should be determined jointly by facility management and senior aquatic staff. This should be based on facility design, patron activity, patron age groups and other factors to ensure that ongoing vigilance occurs in all pool areas open for public use.

The minimum staffing levels are required to ensure adequate supervision of people in the pool, and must be identified in the pool safety plan.

Recommended minimum numbers of lifeguards for public (general/open) recreational swims in a pool with a water surface area of 400 m² or less (6 lane x 25 m swimming pool) against ratios for the number of bathers on the deck and in the pool are:

- 0–40 patrons/1 lifeguard;
- 41–80 patrons/2 lifeguards;

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- 81–140 patrons/3 lifeguards;
- 141–200 patrons/4 lifeguards;
- 201 and beyond/4 lifeguards + One additional lifeguard for each additional 100 bathers or fraction thereof.

The bather-to-lifeguard ratio represents a minimum standard.

Circumstances (e.g., pool size, depth, design, equipment usage, ability of patrons) may require more lifeguards to be on duty to maintain a safe level of supervision.

Where there is only one lifeguard on duty, the owner/operator should ensure that there is at least one other individual on the premises who is within call of the lifeguard and who is able to provide emergency assistance when requested.

A lifeguard should be able to reach the furthest edge of zones of bather surveillance within 20 seconds. The layout of zones of patron surveillance (lifeguard positioning) may include input by the owner and/or an aquatic risk management consultant.

4.4 LIFEGUARD QUALIFICATIONS

Reference Section of Pool Regulation: *Section 17(1)*

A lifeguard is a person who is:

- At least 16 years of age.
- Trained in the procedures and use of the equipment describe in the pool safety plan, as certified by a recognized body.
- Responsible for the conduct and safety of all pool patrons.
- Performs no duty other than pool surveillance.

It is also recommended that all staff be trained appropriate to their position and responsibilities. This may include:

- Regular in-service training.
- Training through external agencies.
- Specialized training in handling related emergencies for lifeguards who are required to supervise specialized programs or facility features (e.g., scuba diving).

It is recommended that the qualified lifeguard has a current lifeguard certificate that is dated not more than two years prior to the date on which they are acting as a lifeguard; and have the certificate available at the pool when on duty, or a copy thereof certified by the operator. The owner or operator is permitted to examine the certificate at any time. The qualified lifeguard should also:

- Possess a current certificate for lifeguard training,
- Have met all pre-service requirements prior to their first shift of work and
- Participate in continuing in-service training requirements of the aquatic facility

Lifeguard training should be a minimum of 40 hours in length and cover four key components:

- Knowledge – e.g., Pool Regulation, *Guidelines for Pool Operation*, pool safety plan, WHMIS/health and safety.
- Key areas of knowledge also include:
 - Hazard Identification and Injury Prevention
 - Emergency Response
 - Cardiopulmonary Resuscitation (CPR/AED)

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- First Aid
- Skill – e.g., lifeguard skills, effective management of distressed or drowning victim/suspected spinal injury/missing person.
- Fitness – e.g., level of anaerobic fitness, endurance, strength, power and flexibility that would allow the lifeguard to respond to emergencies safely and effectively.
- Judgment – e.g., incorporating knowledge, skill and fitness in responding to rescue situations.

Complete records should be kept describing and tracking attendance at in-service training, as well as content of training, date of training, and name of the trainer(s). There should be follow-up on staff unable to attend the training or whose performance is deemed unacceptable. Training agencies shall have a quality control system in place for evaluating a lifeguard instructor's ability to conduct courses.

5 OPERATING PROCEDURES

Reference Section of Pool Regulation: *Section 13(2)(d)*

Operators and maintenance technicians must identify correct operating procedures to ensure the health and safety of pool patrons and staff.

This part of the pool safety plan is to identify the proper procedures to be followed to:

- Test pool water chemistry.
- Adjust pool water chemistry.
- Backwash filters.
- Clean hair and lint strainers.
- Prime pumps.
- Apply diatomaceous earth to filters (where used).
- Handle disinfection chemicals and equipment.
- Ensure lockout procedures are in place so no one is injured during maintenance.
- Ensure play equipment (including temporary structures) is safe.

Operating standards – including safety procedures, rules for proper use, staff training in use, signage and operational controls – are to be included in the pool safety plan.

“Lockout” refers to circumstances in which workers must not put themselves in conditions where a piece of equipment could be inadvertently actuated – or where there is possible release of electrical, kinetic or stored energy; chemicals or hazardous substances; risk of engulfment by water or other means; etc. The requirement is that each worker who works in such circumstance has effectively de-energized, or “locked out” the equipment and placed a physical lock on the control point.

This list is a preliminary list of general provisions. More complex pool facilities will likely require more complex procedures. Where possible, pools should keep a copy of engineering plans and/or pool drawings on site to assist with troubleshooting problems.

Although lifeguards, maintenance staff and custodians work as a team, it is important that a clear distinction be made between the work done by each staff member, and it should be clear who is responsible for which tasks.

Refer to Appendix N for safety procedure considerations during the COVID-19 pandemic.

6 CLEANLINESS

Reference Section of Pool Regulation: *Section 13(2)(e)*

Operators must identify appropriate cleaning schedules to ensure the health and safety of pool patrons. This part of the plan is to include:

- Frequency of cleaning for each part of the pool.
- Chemicals and cleaners used.
- Lockout procedures to ensure no one is injured during cleaning.

More complex pools will require more complex cleaning procedures.

Refer to Appendix N for cleaning considerations during the COVID-19 pandemic.

7 MAINTENANCE

Reference Section of Pool Regulation: *Section 13(2)(e)*

Operators must ensure pools are kept in good repair so that no health hazard exists. Operators must also ensure that pools are maintained on a regular basis by a qualified person. A “qualified person” is someone who has taken an appropriate program of instruction in pool maintenance (e.g., courses provided by the BC Recreation and Parks Association, Recreational Facilities Association of B.C., etc.) or has the equivalent combination of knowledge and skills. For more information see Part Three: Qualifications for Maintaining and Operating Pools.

As part of the pool safety plan, each pool must develop its own written maintenance program and train staff to implement the program. The program must identify the required equipment and procedures the staff must follow. A schedule for routine maintenance and equipment evaluation must ensure issues are identified and corrected before they become a problem.

The following situations are to be addressed in a facility's maintenance program:

- Ensuring water intakes do not present a suction hazard to bathers.
- Ensuring nothing in the pool presents an entrapment hazard to bathers, such as stairs or other physical structures in the pool water.
- Ensuring all areas of the pool are sufficiently lit so that all areas are visible.
- Carrying out regular testing of the equipment to ensure it is safe for use, functioning properly and maintained in accordance with manufacturer's recommendations.
- Carrying out regular testing and maintenance of the surfaces of walkways, stairs, decks and platforms to ensure they have not become a slip hazard due to becoming smooth and/or worn.
- Carrying out regular testing (at least monthly) of ground fault interrupters.
- Carrying out regular testing to ensure that when the pool is in operation, a minimum of 50% up to 75% of the water flow goes through skimmers. (A higher percentage of flow through the gutters and drains increases the cleansing action and reduces suction at the main drain/s).
- Preventing ice on walkways, steps and ladders of outdoor pools operated in winter.
- Ensuring all handrails are securely attached.
- Verifying the temperature of hot water (including showers) is below 49°C to avoid scalding injuries.
- Ensuring recirculation systems, including disinfection equipment and filters, functions properly.
- Ensuring water depth is clearly marked.
- Ensuring safe storage of chemicals.

- Ensuring the facility is free of sharp or blunt objects likely to cause injury.
- Ensuring the facility is not deteriorating in a way that would allow bacterial/fungal growth, or cause injury.
- Regularly inspecting wave chamber bars in wave pools for structural integrity. (Inspections should be documented and the records retained for seven years).

8 PREVENTING SUCTION HAZARDS

Reference Section of Pool Regulation: *Section 11(1)(b)*

Special attention in the pool safety plan must be given to establishing operating procedures that ensure water returning to the recirculation system from the pool does not become a suction hazard. A specific guideline which addresses this hazard in detail which can be found at:

https://www.northernhealth.ca/sites/northern_health/files/services/environmental-health/documents/guidelines-on-mitigating-suction-hazards-in-swimming-pools.pdf

Routine maintenance should be done to ensure suction fittings and inlets are secure and in good repair.

The operator must ensure that:

- Suction points are designed to prevent a person from being held on to the suction point.
- Inlet fittings are designed to prevent the entrapment of bathers.
- The pool has skimmers or gutters that are designed to prevent the entrapment of bathers.
- Each main drain:
 - Is located at, or as close as possible to, the deepest part of the pool basin.
 - Is covered with a grate that cannot entrap a person or be readily removed by a person.
- Circulating pumps have an effective vacuum-breaking design.
- No equalizer lines terminate in the pool basin.
- Submerged equalizer lines or equalizer fittings in the pool, if they exist, are disabled.
- When drain covers are replaced, replacement covers ensure the pool water does not pass through the drain gate at a speed greater than 46 cm per second when the pool is operating at the design flow rate – [s10(2)(k)] of the Pool Regulation. (Where required, contact a design professional, such as an engineer or architect, for advice on a replacement model.)

Warning signage should also be posted. Potential warnings include:

- “Do not play or swim near drains or suction devices.”
- “Your body, body parts, hair, jewellery and other objects may become trapped and cause injury or drowning.”
- “People with long hair should be especially careful.”
- “Do not enter or remain in a spa if a drain cover or suction fitting is loose, broken or missing. Immediately notify the spa operator.”

A complete set of pool drawings should be available and on site for easy reference by pool staff. Manuals on pool operation and maintenance, as well as technical data sheets, should also be available at the pool. It is recommended that these manuals:

- Provide complete information from the manufacturer regarding maintenance needs of suction points.
- Are updated as required.
- Include information from the pool architect or engineer designer regarding potential hazards.

The pool or hot tub must be closed immediately if any suction fitting is damaged, defective or missing.

SUCTION HAZARDS

Suction has caused many deaths and severe injuries that could have been prevented. Water inlets can cause suction strong enough to entrap body parts or hair, causing a bather's head to be held under water, leading to drowning. Any drain the body can cover completely, combined with a plumbing layout that allows a build-up of suction if the drain is blocked, presents a suction hazard.

9 PROCEDURES FOR SUCTION OR ENTRAPMENT-RELATED EMERGENCIES

The pool safety plan must identify procedures to be followed to free someone who has become trapped or held against a suction point or under moveable equipment/platform. It is recommended that pool owners train staff to:

- Shut down the pumps immediately if someone becomes entrapped.
- Ensure scissors are readily available that can be used to cut hair that has become entrapped.
- Follow established procedures for draining the pool.
- Follow any other procedures that are necessary to free a person trapped under water.

10 CHEMICAL STORAGE AND HANDLING

Reference Section of Pool Regulation: *Section 11(2)(h)*

Chemicals must be stored safely and in a location that is secure from unauthorized entry at all times (e.g., doors are locked and appropriately signed). Where disinfection systems other than gaseous chlorine are used (e.g., hypochlorite or bromine), the disinfection chemicals must be kept separate from any acidic products.

The safety data sheets (SDS) for chemicals must be located on site, and an additional copy located adjacent to the chemicals being used. SDS sheets should be reviewed for specific storage concerns and incompatibility with other chemicals.

A list should be made of incompatible chemicals to make this clear to staff. For incompatible chemicals, storage areas are to be configured to:

- Ensure they are stored on separate shelf units from each other.
- Where storage space is very limited, achieve separation by storing incompatible products off the floor (such as on pallets), so that spilled material will not contaminate containers of other chemicals.
- Ensure they are not stored above one another to avoid contamination by spilling.

For specific storage requirements for chlorine gas systems, see the *Chlorine Safe Work Practices* manual:

<https://www.worksafebc.com/en/health-safety/hazards-exposures/chlorine>

Chemicals commonly used in pools can be dangerous on their own or if they react with other chemicals. Spills or leaks can be corrosive, or can react with other chemicals leading to fire, smoke, poisonous gases or other hazards. Chlorine (or bromine) delivery chemicals (e.g., hypochlorite and isocyanurate) and acids will react violently to release chlorine (or bromine) gas. All workers working with chemicals should take their WHMIS (as per WorkSafeBC).

11 GAS CHLORINE OPERATION AND MAINTENANCE

Gas chlorine storage and handling shall be performed in a manner to prevent injury to workers and public and in accordance with WorkSafeBC standards, and should include, but not be limited to the following procedures:

- Gas chlorine tank changes are performed by staff fully trained in doing this, and in the emergency procedures required in the case of a leak.
- The emergency procedures include contact with the local emergency agency familiar with the facility, and capable of handling a gas chlorine leak.
- The chlorine leak detector includes a visual and/or audible alarm in an area where staff will take notice immediately.
- The tank change procedure includes two staff members – one changing the cylinder and the other outside the chlorine room observing.
- Tank regulators and related feed equipment are serviced at least annually by a qualified technician.
- Chlorine detectors are tested at least every month and calibrated annually by a qualified technician.

For more information on safe chlorine gas storage and handling, contact WorkSafeBC or refer to *Chlorine Safe Work Practices*: <https://www.worksafebc.com/en/health-safety/hazards-exposures/chlorine>



Photo Credit: Oak Bay Recreation Centre

APPENDIX A: EXAMPLE OF POOL RULES

1 POOL RULES

BEFORE ENTERING OUR POOL YOU MUST:

- Ensure you are not ill – including diarrhea, vomiting, open sore(s), bandages, head colds, discharging ears or noses, or ear infections. Persons with related symptoms should not enter the pool until 48 hrs after cessation of these symptoms.
- Wear clean and appropriate bathing attire.
- Take a cleansing shower.
- Ensure small children are closely supervised (within arm's reach) at all times by a responsible person of at least 16 years of age.
- Ensure infants and toddlers wear swim diapers and/or elastic swim pants.
- Ensure one responsible person supervises a maximum of three small children.
- Report an injury suffered while in the pool enclosure, to the pool manager or lifeguard.
- Report any contamination or fouling of the pool (e.g., urinating or defecating), to the pool manager or lifeguard.

WHEN IN OUR POOL YOU MUST NOT:

- Run, fight or engage in any conduct likely to cause an injury.
- Contaminate or foul the pool.
- Dive into the pool, except in designated areas.
- Use or be under the influence of alcohol or other intoxicants.

2 HOT TUB RULES

BEFORE ENTERING OUR HOT TUB YOU SHOULD:

- Consult with your doctor if you:
 - Are an elderly person.
 - Have heart disease, diabetes, or high or low blood pressure.
 - Are taking medication for cardiovascular or nerve disorders.
 - Are pregnant.
- Always have someone with you in the hot tub.

WHEN IN OUR HOT TUB YOU MUST:

- Enter and leave the hot tub slowly and cautiously.
- Keep long hair out of the water, away from all underwater fittings, especially suction fittings.

WHEN IN OUR HOT TUB YOU MUST NOT:

- Dive into the water.
- Stay in the hot tub for more than 10 minutes at one time (long exposure may result in nausea, dizziness or fainting). Once you are finished you should:
 - Shower to cool down.
 - Then, if you wish, return for another brief stay.
- Totally immerse your body.
- Use or be under the influence of alcohol or other intoxicants.

3 SUPERVISION OF CHILDREN

- Keep small children, especially infants, out of hot tubs and spas. Their small bodies overheat too fast.
 - Water temperatures must not be hotter than 40°C (104°F).
 - Small children must always be closely supervised (within arm's reach) by a responsible person of at least 16 years old. No more than three small children are supervised by one responsible person of at least 16 years of age at one time.
- Children should successfully complete a swimming competency test before entering deep water.

4 SLIDES

- One rider at a time.
- Wait until the landing area is clear before entering the slide.
- Slide only in the sitting position or on your back.
- Do not attempt to stop on the slide.
- Leave the plunge area immediately.
- Users of the slide are to be of an age and size to manage the slide.
- It is recommended that lifeguards directly supervise slide landing areas.

5 EXTRA CONSIDERATIONS – RULES

It is recommended that an operator post a sign stating the rules of the pool. Signage should be placed in a prominent location within the pool enclosure, so that it is clearly visible to all pool patrons, such as at the entrance to the pool.

Pool Operators should also consider the following rules:

- Prohibiting people under the influence of intoxicants.
- Prohibiting glass in the pool area.
- Prohibiting small children from entering saunas.
- Prohibiting the consumption of food, beverages and/smoking or vaping products in the pool area.
- See Appendix N for COVID-19 considerations.

* Note that, although not enforceable under the BC Pool Regulation, the Red Cross and BC Lifesaving society recommends the age of 7 years or younger for 'small children' or 'infants'. Furthermore, 'children' applies to individuals between 7 and 10 years of age.

APPENDIX B: SATURATION INDEX CALCULATION

In 1936, Dr. Wilfred F. Langelier of the University of California, Berkeley developed a formula to assess the chemical composition of pool water to determine if it is balanced. This formula takes into account the pH, alkalinity, calcium hardness and temperature to determine whether the pool water is corrosive, scale forming or balanced. When the numbers are plugged into the formula and the calculation is done, a final number called the saturation index is achieved. A saturation index of +0.3 or higher indicates the water is scale forming. If the result is -0.3 or lower, the water is corrosive. A saturation index between -0.3 and +0.3 is said to be balanced.

The Langelier's index formula is as follows:

$$\text{Saturation Index (S.I.)} = \text{pH} + \text{TF} + \text{CF} + \text{AF} - 12.1$$

Where:

- TF = temperature factor
- CF = calcium hardness factor
- AF = total alkalinity factor

The number for pH used in the Langelier's calculation is a direct measure of the pool water pH as determined by a test of a pool sample. Temperature, alkalinity and hardness must also be tested, but these results are not used directly in the calculation. Instead, a 'factor' for each of these components must be used. These factors are found in a 'factor table' as noted below.

Factor Table

Temperature (°C)	TF	Calcium Hardness (ppm CaCO ₃)	CF	Total Alkalinity (ppm)	AF
0	0.1	5	0.3	5	0.7
3	0.1	25	1.0	25	1.4
8	0.2	50	1.3	50	1.7
12	0.3	75	1.5	75	1.9
16	0.4	100	1.6	100	2.0
19	0.5	150	1.8	150	2.2
25	0.6	200	1.9	200	2.3
29	0.7	300	2.1	300	2.5
34	0.8	400	2.2	400	2.6
41	0.9	800	2.5	800	2.9
53	1.0	1000	2.6	1000	3.0

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Example of Saturation Index Calculation:

Tests of a water sample show that the pH is 7.8, total alkalinity is 120 ppm, calcium hardness is 300 ppm and the temperature is 30 degrees Celsius. Based on the factors as found in the factor table, the total alkalinity factor is approximately 2.1, the calcium hardness factor is 2.1 and the temperature factor is 0.7. Plugging the numbers into the formula $SI = pH + TF + CF + AF - 12.1$ gives the following calculation:

$$SI = 7.8 + 2.1 + 2.1 + 0.7 - 12.1$$

$$SI = 12.7 - 12.1$$

$$SI = 0.6$$

In this example the saturation index is +0.6, indicating the pool water to be scale forming.

If the pH of the water was lowered to 7.3 in this example, the resulting equation would be:

$$SI = 7.3 + 2.1 + 2.1 + 0.7 - 12.1$$

$$SI = 0.1$$

After lowering the pH to 7.3, the resulting saturation index is now + 0.1 indicating the pool water is balanced.

APPENDIX C: EXAMPLE OF A POOL AND HOT TUB WATER TESTING AND MAINTENANCE LOG

POOL AND HOT TUB WATER TESTING AND MAINTENANCE LOG

Date		Year		Name of Pool		Location									
Date	Time	Initials	Free Chlorine	Total Chlorine	Combined Chlorine	pH	Total Alkalinity	Calcium Hardness	Cyanuric Acid	Flow Rate	Clarity	Temperature	Bather Load (note)	Comments / Notes	
														1. Enter reading in appropriate column	
														2. Chemicals added / amount	
														3. Make-up water added	
														4. Backwashed / cleaned filters	
														5. Vacuumed	
														6. Mechanical breakdown	
														7. Swimmer incident or complaint	
														8. Fecal accidents	
														9. Other tests / maintenance / issues	

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Note: Bather load to be based on # of patrons in pool at time of testing.

RECOMMENDED PARAMETERS FOR POOL AND HOT TUB WATER CHEMISTRY PARAMETERS

Parameters	Minimum	Maximum	Test Frequency
free chlorine (<30°C)	0.5 ppm	5.0 ppm	min. 2x/day (recommended every 4 hours)
free chlorine (>30°C)	1.5 ppm	5.0 ppm	min. 2x/day (recommended every 4 hours)
chlorine cyanurate (<30°C)	1.0 ppm	5.0 ppm	min. 2x/day (recommended every 4 hours)
chlorine cyanurate (>30°C)	2.0 ppm	5.0 ppm	min. 2x/day (recommended every 4 hours)
bromine (<30°C)	1.5 ppm	5.0 ppm	min. 2x/day (recommended every 4 hours)
bromine (>30°C)	2.5 ppm	5.0 ppm*	min. 2x/day (recommended every 4 hours)
combined chlorine	0 ppm	<1.0 ppm	min. 2x/day
pH	7.2	7.8	min. 2x/day (recommended every 4 hours)
total alkalinity	80 ppm	120 ppm	at least weekly
calcium hardness	180 ppm	220 ppm	at least weekly
cyanuric acid (outdoor pools only)	30 ppm	<80 ppm	at least weekly

*Bromine in hot tubs should not exceed 8.0 ppm.

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APPENDIX D: EXAMPLE OF A MAINTENANCE AND CLEANING SCHEDULE

MAINTENANCE AND CLEANING SCHEDULE

Task	Frequency	Person Responsible	Equipment Required	Remarks
Check and record water parameters in pool and hot tub.	7 a.m., 5 p.m. and after busy periods	maintenance technician	pool test kit, thermometer, logbook	Adjust water parameters as needed.
Inspect decks, diving boards, railings slides, play equipment for conditions that may injure patrons.	before opening pool to patrons in morning	head lifeguard		Close or restrict access to any area that may be injurious to patrons. Inform management to arrange for it to be repaired.
Check that first aid kit is fully stocked.	before opening pool to patrons in morning	lifeguard #2		Order replacement items as necessary – refer to pool safety plan for full list.
Check pool drain covers are securely attached.	before opening pool to patrons in morning	lifeguard #2		Close pool if found to be loose or damaged. Inform head lifeguard and management to arrange for it to be repaired.
Clean and sanitize toilets, sinks, change room floors.	twice daily or as necessary	custodian	cleaning solution, bleach, gloves, sponge, mop, bucket	Clean with soap, then sanitize with bleach water solution.
Check temperature of hot water in taps.	before opening pool to patrons in morning	maintenance technician	thermometer	Adjust to ensure hot water temperature is less than 49°C.
Check and clean lint and strainer baskets.	twice daily or as necessary	custodian		
Waste Disposal Unit emptying	Daily or as necessary	custodian		

APPENDIX E: EXAMPLE OF CHEMICAL STORAGE AND HANDLING PROCEDURES
PROCEDURES TO ENSURE NO ONE IS INJURED DURING CLEANING (E.G., LOCKOUT, POOL CLOSURES)

Chemical Name and Use	Location (where chemical is to be used)	Do Not Store next to, or Allow to Mix with the Following:	Special Handling Considerations	Material Safety Data Sheet (MSDS)

APPENDIX F: EXAMPLE OF AN EMERGENCY CONTACT LIST

EMERGENCY CONTACT LIST (Post next to the telephone or in another visible location if no telephone available.)		
First Responders		
Ambulance	911 or ()	
Fire Department	()	
Police	()	
Building Contacts Trained in First Aid / Emergency Response / CPR		
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
	()	Cell phone ()
Additional Contact Information		
Local Hospital	()	
Poison Control	()	
Health Authority/Health Protection 24/7 Emergency On Call	()	
Pool Company	()	
Gas Company	()	
Above List Reviewed and Updated By:	Print Name:	
Date	Print Date:	

APPENDIX G: INCIDENT RESPONSE

INCIDENT RESPONSE PROCEDURES

Incident	Response Procedure
medical emergencies (may expand to include procedures for specific incidents)	<ul style="list-style-type: none"> • Apply first aid as necessary. • Call ambulance: <ul style="list-style-type: none"> - Explain nature of emergency. - Explain best place for them to meet staff. - Send someone to meet ambulance and direct it to most practical entrance.
patron's hair caught in water intake	<ul style="list-style-type: none"> • Shut off pumps. • Cut hair with scissors to extract patron. • Clear pool. • Call ambulance. • First aid/AR as necessary.
patron held on to pool drain by suction	<ul style="list-style-type: none"> • Clear pool. • Shut off pumps. • Call ambulance. • First aid/AR as necessary.
missing person	<ul style="list-style-type: none"> • Clear pool.
fecal accident	<ul style="list-style-type: none"> • Clear pool. • Follow fecal accident procedure. • Record incident in water maintenance log.
blood or bodily fluid clean-up	<ul style="list-style-type: none"> • Follow WorkSafeBC guideline.
hostile patron	
fire	
power failure	
earthquake	
flood	
lightning	

The Emergency Response Procedures chart, above, provides examples of:

- Common incidents that can occur in the pool environment.
- Sample responses for some of these incidents.

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This list is not exhaustive, and should be customized to:

- Address what is likely to happen in your facility.
- Be the appropriate response, given the number of staff, level of training, location of facility, etc.
- Include entire procedures in the list, or refer to more detailed procedures elsewhere in the plan.

A more extensive list can be found in the *Pool Safety Plan Guide for Pool Operators* on the Ministry of Health's website at: http://www.health.gov.bc.ca/protect/ehp_recreational_water_quality.html

APPENDIX H: EXAMPLE OF A FECAL INCIDENT CLEAN-UP PROCEDURE

PROTOCOL FOR HANDLING FECAL INCIDENTS IN POOL WATER

Fecal incidents are a concern and inconvenience for both pool operators and patrons. Pool operators should explain to patrons why the pool needs to be closed in response to a fecal incident. Understanding that pool closure is necessary for proper disinfection and protection of the health and safety of swimmers is likely to promote support rather than frustration. Pool closures allow chlorine to do its job: kill germs and help prevent recreational water illnesses.

A diarrhea fecal incident is a higher risk event than a formed stool incident. With most diarrhea illnesses, the number of infectious germs in each bowel movement decreases as the diarrhea comes to an end and the person's bowel movements return to normal. Therefore, a formed stool is probably less of a risk than a diarrheal accident that you may not see.

A formed stool is generally associated with healthy individuals and may contain few illness-causing germs. The germs that may be present are less likely to be released into the pool because they are mostly contained within the stool. However, formed stool also protects germs inside from being exposed to the chlorine in the pool, so prompt removal is necessary.

When developing procedures for your facility (for inclusion in your pool safety plan) that are specific to dealing with these types of incidents, refer to the U.S. Center for Disease Control website for guidance:

<https://www.cdc.gov/healthywater/swimming/pdf/fecal-incident-response-guidelines.pdf>

All fecal incidents are to be recorded in a logbook including the date, time of the incident, type of incident, concentration of free available chlorine and ORP at the time, pH, procedures followed and the person(s) conducting the procedures.

This protocol should also be followed regarding vomiting incidents if stomach contents (digested food) are visible within the vomit. If there is only water in the vomit, this protocol does not need to be followed.

Contact your health authority on the next working day to advise them of the actions you have taken.

APPENDIX I: EXAMPLE OF LIFESAVING, LIFEGUARD AND FIRST AID EQUIPMENT

The following lifesaving equipment will be located and mounted at poolside for use at all times the pool is open:

- A lifesaving device such as a rescue tube or rescue can.*
- A nonconductive reaching pole with shepherd's hook at least 3.5 m long.
- A throwing ring with a 6 mm in diameter line securely attached having a length of not less than half the width of the pool plus 3 m.

The following emergency equipment will be located at _____:

- Spine board [with at least three Velcro straps and a head-security device].*
- Oxygen unit with regulator, delivery system, protective carrying case and spare oxygen tank.*
- Full set of airways.*
- Personal protective equipment, including a pocket mask with oxygen inlet and one-way valve and gloves.
- Minimum of a #2 first aid kit (or as per WorkSafeBC).
- Automated external defibrillator (AED).*
- Eye-washing stations.
- Communication equipment
- Throw bags.

*This equipment is appropriate only at facilities with lifeguards or other personnel trained in their use.

APPENDIX J: EXAMPLE OF A POOL SUPERVISION SCHEDULE

POOL SUPERVISION SCHEDULE

Program	Number of Lifeguards	Support Staff Required	Remarks

APPENDIX K: OTHER RELATED AGENCIES

AGENCIES WITH AN INTEREST IN THE DESIGN AND OPERATIONS OF POOLS

Agency	Jurisdiction	Rules/Standards/Guidelines
WorkSafeBC http://www.worksafebc.com	worker safety	Occupational Health and Safety Regulation
	chlorine	<i>Chlorine Safe Work Practices Manual</i>
	ozone	<i>Ozone Safe Practices Manual</i>
	air quality	
BC Safety Authority http://www.safetyauthority.ca/	elevating devices (waterslides)	Elevating Devices Safety Regulation CSA Standard Z267-00
Ministry of Natural Gas Development (and responsible for Housing) https://www2.gov.bc.ca/gov/content/industry/construction-industry/building-codes-standards	building standards	B.C. Building Code
	access for persons with disabilities	
Local Governments http://www.civicinfo.bc.ca	land zoning bylaws business licenses and building permits building inspections	Community Charter

APPENDIX L: USEFUL CONVERSIONS AND MEASUREMENTS

CONVERSIONS AND MEASUREMENTS

Category	Unit		Multiply by	=	Unit
area	square ft (ft ²)	X	0.092903	=	m ²
	square inch (in ²)	X	6.4516	=	cm ²
	square yard (yd ²)	X	0.8361	=	m ²
length	ft (ft or ')	X	0.30480	=	m
	ft (ft or ')	X	30.480	=	cm
	inch (in or ")	X	0.0254	=	m
	inch (in or ")	X	2.54	=	cm
lighting	lux (lx) (SI)	X	0.0161028	=	W/m ²
	lumen (lm) (SI)	X	0.001496	=	W
	lumens/sq ft	X	1	=	ft-candles
	Lux	X	0.0929	=	ft-candles
mass/weight	ounce (oz)	X	0.0283495	=	kg
		X	28.3495	=	g
	pound (lb or #)	X	0.453592	=	kg
		X	453.592	=	g
pressure	pound per square inch	X	6894.75729	=	kg/m ² *sec ² (Pa)
		X	68947.5729	=	g/cm ² *sec ²
volume	ounce fluid (fl. oz)	X	29.5734	=	mL
	ounce fluid (fl. oz) (Imp)	X	28.413063	=	mL
	gallon (gal)	X	0.0037854	=	m ³
		X	3.7854	=	L
	gallon (gal) (Imperial)	X	4.54609 x 10 ⁻³	=	m ³

B.C. GUIDELINES FOR POOL OPERATIONS

Category	Unit		Multiply by	=	Unit
		X	4.54609	=	L
		X	4.54609×10^3	=	mL
	tablespoonful (tbsp)	X	15.0	=	mL
	teaspoonful (tsp)	X	5.0	=	mL
	cubic ft (ft ³)	X	0.0283168	=	m ³
		X	28.3168	=	L
	cubic inch (cu in)	X	16.3871	=	mL
	drop (gtt)	X	0.08333	=	mL
	cup (c)	X	236.587	=	mL
velocity	centimeters/sec	X	0.03281	=	ft/sec
	meters/sec	X	3.281	=	ft/sec
water volumetric flow	litres/min	X	4.40×10^{-3}	=	gals/sec
temperature	(degrees Celsius	X	$1.8) + 32$	=	degree Fahrenheit
	(degrees Fahrenheit	-	$32) \times .556$	=	degrees Celsius

Metric	Imperial
1 milligram per litre (in solution)	= 1 ppm
1 cubic ft of water	= 62.4 pounds
1 cubic ft of water	= 6.24 Imperial gallons
1 US gallon of water	= 8.34 pounds
1 Imperial gallon of water	= 10 pounds

APPENDIX M: GLOSSARY

Alkalinity: The measure of the ability of the water to resist changes in pH. The higher the alkalinity, the more difficult it can be to adjust the level of the pH. The ideal range for alkalinity is 80 to 120 ppm.

B.C. Building Code: Provides the minimum requirements for a safe building environment. It is the product of a partnership between industry practitioners, construction technology experts and provincial regulators. These requirements include all construction, plumbing and fire codes that each building in B.C. must meet prior to occupancy.

Bromine: An alternative to chlorine as a disinfectant. Chemically, both chlorine and bromine are effective for neutralizing pathogens, parasites and algae.

Calcium Hardness: The total mineral content of the pool water. It is composed of calcium, magnesium, iron, manganese and other elements.

Canadian Standards Association (CSA): Develops standards that enhance public safety and health, advance the quality of life and help to preserve the environment.

Chlorine: An effective disinfectant widely used to maintain sanitation within a pool facility. It is available in three chemical states: solid, liquid and gas.

Combined Available Chlorine (CAC): Chlorine that has already reacted with organic matter and bacteria. They began as FAC molecules but have disinfected a microbe and are now referred to as CAC or chloramines.

Commercial Pool: A pool that is over 61 cm (24 in) in depth, and is owned, operated and used only by members, shareholders, tenants or patrons of a business enterprise or a strata corporation and is not open to the general public.

Cyanuric Acid: A chemical used to prevent the decomposition of chlorine by ultraviolet light. Cyanuric acid is used in outdoor pools and is of little value in indoor pools.

Decks: Walkways surrounding a pool. Outdoor facilities often have concrete decks, while indoor facilities may have concrete or tiles decks. Pool operators are responsible for sanitation and upkeep of the decks.

Free Available Chlorine (FAC): The available chlorine disinfectant that is active in most pools.

Hot Tubs (also called Whirlpools or Warm Water Pools): An artificially created body of water used as a hydrotherapy pool or whirlpool, or for similar recreational bathing or therapeutic purposes. These pools have additional health risks due to the heat and the relaxing effects of the water. Users are more at risk of heart attacks, strokes or other ailments. The additional heat can also be a breeding ground for pathogens and parasites.

Lifeguard: A person who is at least 16 years of age, familiar with the pool safety plan, responsible for the conduct and safety of all pool patrons and is performing no duty other than pool surveillance.

Lockout: Circumstances in which workers must not put themselves in conditions where a piece of equipment could be inadvertently actuated – or where there is possible release of electrical, kinetic or stored energy; chemicals or hazardous substances; risk of engulfment by water or other means; etc. The requirement is that each worker who works in such circumstance has effectively de-energized, or “locked out” the equipment and placed a physical lock on the control point.

Lockout Procedures: The use of locks to render machinery or equipment inoperable or to isolate an energy source. The purpose of a lockout is to prevent an energy-isolating device (e.g., switch, circuit breaker or valve) from

B.C. GUIDELINES FOR POOL OPERATIONS

accidentally or inadvertently being operated while workers are performing maintenance on machinery or equipment.

Maximum Bather Load: The maximum number of bathers allowed in a pool at one time for health, safety and engineering reasons. The bather load will be specified on the pool's operating permit and/or the pool's data sheet.

Oxidation Reduction Potential (ORP): The activity or strength of oxidizers and reducers in relation to their concentration. Examples of oxidizers are chlorine, hydrogen peroxide, bromine, ozone and chlorine dioxide.

Ozone: The molecule containing three atoms of oxygen, known to be a very powerful sanitizer. Ozone-producing equipment creates this molecule by UV radiation or corona discharge generators.

pH: The measure of acid and base levels for liquids. Water that has a pH level of 7.0 is "neutral" water. Water that has a pH level above 7.0 is "basic" water. Water that has a pH level below 7.0 is "acidic" water. The ideal range for pH in a pool is 7.2 to 7.8.

Parasite: An organism that benefits at the expense of the host without killing the host. It creates a symbiotic relationship with the host to draw from it, while not killing it. Common parasites are *Cryptosporidium*, *Streptococcus* and *Staphylococcus*.

Pathogen: Any infectious agent causing disease to the host. Infectious agents can pass from host to host through airborne means (e.g., sneezing), primary contact (e.g., hand contact), secondary contact (e.g., door handles) or through the environment (e.g., pool or hot tub). Common pathogens are viruses, bacteria and fungi.

Pool Safety Plan: A comprehensive and customized plan developed to ensure the health and safety of pool patrons.

Pool Patron: A person within the pool enclosure, whether or not the person is using the pool or has paid a fee to be within the pool enclosure.

Public Pool: A pool that is over 61 cm (24 in) in depth and available to the general public for swimming, recreational bathing or physiotherapy purposes, either free of charge or for a fee.

Potassium Monopersulphate: A chemical compound designed to oxidize organic contaminants in a pool or spa. It can be used to help reduce the concentration of combined chlorine residuals in pool water.

Saltwater Systems: When salt is dissolved in water, the resulting solution is called brine. When an electrical charge is passed through brine, one of the byproducts is chlorine that can then be used to disinfect water.

Spray Pools and Spray Parks: An artificially constructed depression or basin for use by children, into which potable or recirculated water is sprayed but not allowed to accumulate in the bottom. This is often the centerpiece for a recreational play area that features water spraying from various shaped structures.

Superchlorination: Subjecting pool water to an extremely high chlorine dosage to remove or delay combined chlorine. This process ensures that the free chlorine residual is high enough to inactivate or destroy harmful organisms.

Total Available Chlorine (TAC): The sum of free available chlorine and combined available chlorine.

Total Dissolved Solids (TDS): The total weights of a soluble matter in the water including salt/sodium, waste, algaecides, minerals, stain control chemicals and clarifiers. The ideal range for TDS is 200 - 800 ppm.

Turnover: The rate at which water in the pool is circulated, physically cleansed and replaced. It is the measure of the time it takes for the full volume of water to pass through the entire circulation system.

B.C. GUIDELINES FOR POOL OPERATIONS

Ultraviolet Light (UV): A secondary form of disinfection effective in killing bacteria and germs. UV is invisible light with a wavelength less than that of visible blue light.

Wading Pool: An artificially created body of water intended for wading purposes and having a depth of less than 61 cm (24 in).

WorksafeBC: An agency that promotes workplace health and safety for workers and employers through education, consultation and enforcement. In the event of work-related injuries or diseases, WorkSafeBC works with the affected parties to provide return-to-work rehabilitation, compensation, healthcare benefits and a range of other services.

**APPENDIX N: CORONAVIRUS DISEASE (COVID-19) KEY PRINCIPLES FOR SWIMMING
POOLS – MAY 25, 2020**

See next page

Coronavirus Disease (COVID-19)

Key Principles for Swimming Pools

STAY HOME if you are SICK

Stay away from others if you are feeling ill, isolate at home, do not go to work.

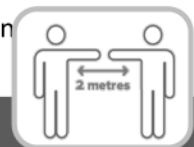
- Tell your employees if they are sick with any symptoms consistent with cold, influenza or COVID-19, even if symptoms are mild, they must remain at home, and contact their family physician/primary care provider or Health Link BC at 8-1-1 for further assistance.



PRACTICE GOOD HYGIENE

Wash your hands often, avoid touching your face and cough/sneeze into your elbow or a tissue.

- Provide a supply of alcohol-based hand sanitizer at the entrance to the facility, pool enclosure and/or front check-in desk.
- Washrooms & showers must have liquid soap, paper towel and warm running water at all times.
- Employees must wash their hands at the start of their shift, before eating or drinking, after touching shared items, after using the washroom, and before leaving work.
- Employees must practice good hygiene throughout their shift including proper hand washing and cough/sneeze etiquette, and must not share cigarettes or vaping equipment.



MAKE SPACE BETWEEN PEOPLE

Maintain a distance of at least 2 metres from others and replace close contact greetings like handshakes, hugs or high fives with waves and smiles.

- Reduce maximum bather loads to minimize the number of patrons in the pool at one time.
- A 2 metre “bubble” of space should be maintained around each patron using the pool or hot tub, unless they are from the same party.
- Auxiliary areas may only be used and/or aquatic programs offered as long as 2 metres of separation can be maintained between patrons at all times.
- Mark 2 metre increments where crowds normally form (e.g. line-up at diving board/slides).

LEARN how to use PERSONAL PROTECTIVE EQUIPMENT

Learn how to choose and use Personal Protective Equipment correctly, know the limitations of PPE, and always have other controls in place.

- PPE (mask, face shield, gloves & goggles) for employees conducting regular pool maintenance duties are not mandatory unless normally required (e.g. when handling pool chemicals).
- The use of non-medical masks may help prevent the risk of transmission from the wearer; if using non-medical masks, consult [WorkSafe BC Guidance](#) on selection and use of masks.



Coronavirus Disease (COVID-19)

Key Principles for Swimming Pools

MODIFY the ENVIRONMENT



Make your environment safer for interacting with others by reducing common touch surfaces, using non-porous barriers, or by changing the room design.

- Install shields (e.g. plexiglass) at front desks and in lobbies to protect administrative staff when interacting with patrons and collecting payments; encourage touchless transactions.
- Increase floor and deck space by removing unnecessary furniture and decorative items.
- Use markers at 2 metre intervals on changing room benches and provide extra cleaning supplies (spray sanitizer & paper towels) so patrons can wipe down surfaces at their own discretion.
- Remove shared equipment such as pool toys and if applicable, provide guests with single-use personal items (e.g. soap, shampoo).
- Organize moveable equipment where possible to create more open space.

INCREASE SANITATION



Disinfect common touch surfaces frequently using a chemical that will destroy the Coronavirus (COVID-19).

- Consider having separate cleaning supplies for different areas of the facility.
- In addition to following your regular cleaning activities, create a checklist of high-touch surfaces that must be cleaned and sanitized more frequently throughout the day.
- Use regular disinfecting solutions found in your pool safety plan; chlorine-based products are recommended, avoid using quaternary ammonium as it can create chloramines.
- Clean dirty surfaces with soap and water before disinfecting.

MANAGE INFORMATION & use SIGNAGE



Stay informed, follow public health advice, keep records, and make sure information you communicate is clear, accurate and easy to find.

- Sign-in sheets could be used to keep track of how many patrons are on site at one time.
- If practicable, retain contact information for one member of every party of patrons for 30 days in the event that there is a need for contact tracing by the Medical Health Officer.
- Have team members or a manager keep daily records of the people who worked together and retain these records for at least 30 days.
- Maintain up-to-date and consistent messaging on websites, social media, emails, press releases, and during conversations with customers to ensure all details are aligned, timely and accurate.
- Place signs on entrances to tell anyone entering not to enter if they are feeling ill, place hand washing signs at all sinks, and post any other additional rules related to COVID-19 precautions.

From: [Bergevin, Niomi HLTH:EX](#)
To: [Health, HLTH HLTH:EX](#)
Cc: [HLTH PPH Documents Processing HLTH:EX](#)
Subject: FW:s.22 pool
Date: December 14, 2021 8:43:23 AM
Attachments: [image001.png](#)

Good morning,

The email below came into our branch inbox. I forwarded to Geneen Russo, Director Health Community Environments and she advised that the correspondence should be sent to the PHO for a response. You can also find Geneen's response below.

Thank you!

Niomi Bergevin

be calm, be kind, be safe



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

From: Russo, Geneen HLTH:EX <Geneen.Russo@gov.bc.ca>
Sent: December 14, 2021 8:35 AM
To: Bergevin, Niomi HLTH:EX <Niomi.Bergevin@gov.bc.ca>; Fishwick, David HLTH:EX <David.Fishwick@gov.bc.ca>
Subject: RE:s.22 pool

Hi Niomi,

This is a question for the PHO as it is the vaccine policy and not one necessarily tied to swimming pools.

Hope that helps.

Thank you.

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

From: Bergevin, Niomi HLTH:EX <Niomi.Bergevin@gov.bc.ca>
Sent: December 14, 2021 8:31 AM
To: Russo, Geneen HLTH:EX <Geneen.Russo@gov.bc.ca>; Fishwick, David HLTH:EX <David.Fishwick@gov.bc.ca>
Subject: FW:s.22 pool

Hello, the email below was sent to the branch generic inbox. Please advise if you want to reply or just file as a FYI.

Thank you!

Niomi

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

From: s.22

Sent: December 3, 2021 8:13 AM

To: HP-PHW, HLTH <HP-PHW@gov.bc.ca>

Cc: DMOFFICE, HLTH HLTH:EX <HLTH.DMOFFICE@gov.bc.ca>

Subject: s.22 pool

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

>

> s.22 go swimming s.22 at the s.22 pool and it is so upsetting to find out that there are more and more non vaccinated people coming as well. How are we to feel safe from an impending breakout from Covid. These people are going into the sauna, steam room as well as the hot tub. Please put into action that all people need to show their passport upon entry to either the pool and or the workout room. Please help us feel safe! s.22

>

> Sent from my iPad