



ORDER OF THE PROVINCIAL HEALTH OFFICER

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

INDUSTRIAL PROJECTS RESTART – December 29, 2020

The *Public Health Act* is at:

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

(excerpts enclosed)

TO: COASTAL GAS LINK (CGL)

LIQUIFIED NATURAL GAS CANADA (LNGC)

BC HYDRO SITE C (SITE C)

TRANS MOUNTAIN PIPELINE (TMX)

RIO TINTO KEMANO (RTK)

(HEREINAFTER COLLECTIVELY REFERRED TO AS “THE PROJECTS”)

TO: THE PROJECT MANAGERS OF THE PROJECTS

WHEREAS:

1. 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*;
2. The SARS-CoV-2 virus, an infectious agent, can cause clusters and outbreaks of COVID-19;
3. 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;

4. Close contact between large numbers of people living or working together is associated with significant increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
5. There has been a rapid increase in the number of persons infected with COVID-19 associated with large scale industrial projects employing high numbers of workers which are located within the Northern Health Authority region, as defined under the *Health Authorities Act*;
6. This increase has resulted in increased numbers of clusters of people with COVID-19, outbreaks of COVID-19, the transmission of COVID-19 to surrounding communities, including Indigenous communities, increasing the risk of hospitalizations, intensive care admissions, and deaths in the Northern Health Authority region;
7. It is challenging for public health officials to respond to cases, clusters and outbreaks of infection at remote worksites and industrial camps; and a high volume of cases taxes the capacity of the Northern Health Authority public health system to carry out contact tracing;
8. Similarly, a high volume of illness related to COVID-19 taxes the capacity of the Northern Health Authority health care system to provide care;
9. The current seasonal slow-down in large-scale industrial operations provides an opportunity to help break the cycle of transmission of COVID-19 associated with them;
10. A rapid return to full operating capacity on the part of large-scale industrial operations, with the attendant rapid return of large numbers of workers to the worksites and industrial camps, will likely further fuel and accelerate the cycle of transmission of COVID-19 among the workers and the surrounding communities;
11. The Projects are large scale industrial operations located in the Northern Health Authority region which employ large numbers of workers, many of whom are housed in industrial camps;
12. I have reason to believe and do believe that
 - (i) the risk of an outbreak of COVID-19 arising from the mass return of large numbers of workers to worksites and industrial camps associated with the Projects constitutes a health hazard under the *Public Health Act*;
 - (ii) there is an immediate and urgent need for focused action to reduce the rate of the transmission of COVID-19 associated with the Projects;
 - (iii) 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:

In the Order

“**medical health officer**” means a person designated as a medical health officer for the Northern Health Authority region under the *Public Health Act*;

“**Project Manager**” means the person with overall responsibility for the management of a Project.

1. Subject to an order issued by a medical health officer, or approval by me, a Project must restrict the number of workers onsite to the baseline number set out in the chart below for the Project, and the number of workers onsite may only be increased to the levels and by the dates set out in the chart for the Project.

Chart of Incremental Increase in Project Staffing

| Project | Baseline | Date | Incremental Step #1 (early Jan 2021) | Date | Incremental Step #2 (later Jan or early to mid Feb 2021) |
|---------|----------|---------------------------|--------------------------------------|---|--|
| CGL | 400 | By Jan 8 add 0 | To stay at 400 | After Feb 1 add 600 more | To reach 1000 in early to mid Feb |
| LNGC | 450 | By Jan 6 add 400 | To reach 850 | By Jan 20 add 250 more | To reach 1100 by late Jan |
| SITE C | 400 | By Jan 7 add 400 | To reach 800 | By Jan 21 add 300 more | To reach 1100 by late Jan |
| TMX | 50 | By Jan 4 add 100 | To reach 150 | After Feb 1 add 450 more | To reach 600 in early to mid Feb |
| RTA | 160 | By Jan 1 add 120 | To reach 280 | No further increase until Feb, to be determined | To stay at 280 |
| TOTALS | 1460 | By early January add 1020 | To reach 2480 | By late Jan add 550 By early to mid Feb add 1050 | To reach 3030 by later Jan To reach 4080 by mid Feb |

2. Before the Project Manager for a Project may begin to increase the number of workers onsite beyond the level set for the Project at incremental step # 2 in the chart, the Project Manager must submit a restart plan to me, and to the Chief Medical Health Officer for Northern Health Authority, which sets out how the increase in the number of workers will be managed so as not to increase the risk of transmission of COVID-19, both onsite and in the surrounding communities, and the plan must be approved by me and the Chief Medical Health Officer for Northern Health Authority before any increase in the number of workers may begin.
3. Once a restart plan submitted for a Project has been approved, the Project Manager for the Project may begin to gradually increase the number of workers onsite over a period of time approved by me.
4. The Project Manager for a Project must limit the movement of workers between sites as much as possible, and a worker who has been moved from one worksite to another site must not be moved again for a period of two weeks, and may only be moved to another site at the expiration of two weeks if the worker is not displaying symptoms of being infected with COVID-19, and has not been identified as a close contact of a person who is a confirmed case of COVID-19.
5. The Project Manager for a Project is responsible for COVID-19 related infection prevention and control at a Project, and must put measures in place to ensure, to the greatest extent possible, that returning workers are not infected with COVID-19, and to rapidly detect and isolate a worker who may be infected with COVID-19.
6. A Project must provide the Project Manager with the necessary resources and support to carry out the Project Manager's responsibilities with respect to COVID-19 related infection prevention and control.
7. The responsibilities of the Project Manager include
 - i. ensuring that the Project has in place the medical, nursing and allied health professional support necessary to manage cases, clusters and outbreaks of COVID-19 among workers;
 - ii. arranging for the testing of workers for COVID-19;
 - iii. arranging for the isolation of any worker exposed to COVID-19, or with a confirmed or suspected case of COVID -19, in isolation facilities approved by the medical health officer;
 - iv. ensuring that workers in isolation remain in isolation, and are provided with necessary support while in isolation;
8. In the event of any cases, clusters or outbreaks of COVID-19, the Project Manager must report daily to the medical health officer, or to a physician acting on behalf of the medical health officer on

- i. the measures being taken to control the spread of COVID-19 among workers,
 - ii. the condition of any worker exposed to, or with a confirmed or suspected case of COVID-19,
 - iii. the result of the test of any worker for COVID-19, and
 - iv. any other information, including personal information, relevant to the prevention and control of COVID-19 among workers and in surrounding communities, or as requested by the medical health officer or physician.
9. The Project Manager must have a workforce plan in place to reduce the number of workers onsite in the event that the medical health officer orders a partial or a full work stoppage in consequence of escalating numbers of cases of COVID-19 infection.

THIS ORDER DOES NOT HAVE AN EXPIRATION DATE.

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*.

Under section 43 of the *Public Health Act*, you may request me to reconsider this Order if you:

1. Have additional relevant information that was not reasonably available to me when this Order was issued,
2. Have a proposal that was not presented to me when this Order was issued but, if implemented, would
 - (a) meet the objective of the order, and
 - (b) be suitable as the basis of a written agreement under section 38 [may make written agreements]
3. Require more time to comply with the order.

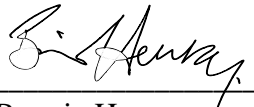
Under section 43 (6) an Order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

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: 29th day of December 2020

SIGNED: 

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY: Email and posting to 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.

May make written agreements

38 (1) If the health officer reasonably believes that it would be sufficient for the protection of public health and, if applicable, would bring a person into compliance with this Act or the regulations made under it, or a term or condition of a licence or permit held by the person under this Act, a health officer may do one or both of the following:

(a) instead of making an order under Division 1, 3 or 4, enter into a written agreement with a person, under which the person agrees to do one or more things;

(b) order a person to do one or more things that a person has agreed under paragraph (a) to do, regardless of whether those things could otherwise have been the subject of an order under Division 1, 3 or 4.

(2) If, under the terms of an agreement under subsection (1), a health officer conducts one or more inspections, the health officer may use information resulting from the inspection as the basis of an order under this Act, but must not use the information as the basis on which to

(a) levy an administrative penalty under this Act, or

(b) charge a person with an offence under this Act.

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.

Review of orders

44 (1) A person affected by an order may request a review of the order under this section only after a reconsideration has been made under section 43 [*reconsideration of orders*].

(2) A request for a review may be made,

(a) in the case of an order made by a medical health officer, to the provincial health officer, or

(b) in the case of an order made by an environmental health officer, to a medical health officer having authority in the geographic area for which the environmental health officer is designated.

(3) If a review is requested, the review is to be based on the record.

(4) If a review is requested, the reviewer may do one or more of the following:

(a) 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;

(b) confirm, vary or rescind the order;

(c) refer the matter back to the person who made the order, with or without directions.

(5) A reviewer must provide written reasons for an action taken under subsection (4) (b) or (c), and a person may not request further review of an order.

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*];