



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3), 53, 54, 57, 67 (2) and 69 *Public Health Act*, S.B.C. 2008)

HEALTH PROFESSIONALS COVID-19 VACCINATION STATUS INFORMATION – JUNE 10, 2022

The *Public Health Act* is at:

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

(excerpts enclosed)

**TO: BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES
COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA
COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA
COLLEGE OF DENTAL TECHNICIANS OF BRITISH COLUMBIA
COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA
COLLEGE OF DENTURISTS OF BRITISH COLUMBIA
COLLEGE OF DIETITIANS OF BRITISH COLUMBIA
COLLEGE OF MASSAGE THERAPISTS OF BRITISH COLUMBIA
COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA
COLLEGE OF OCCUPATIONAL THERAPISTS OF BRITISH COLUMBIA
COLLEGE OF OPTICIANS OF BRITISH COLUMBIA
COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA
COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA
COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA
COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA
COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA
COLLEGE OF SPEECH AND HEARING HEALTH PROFESSIONALS OF BRITISH
COLUMBIA
COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND
ACUPUNCTURISTS OF BRITISH COLUMBIA**

(THE “COLLEGES”)

TO: REGISTRANTS OF THE COLLEGES

TO: THE UNIVERSITY OF BRITISH COLUMBIA

TO: POST-SECONDARY INSTITUTIONS

WHEREAS:

Epidemiology of COVID-19

- 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. People over 70 years of age, and people with chronic health conditions or compromised immune systems, are particularly vulnerable to severe illness, hospitalization, ICU admission, and death from COVID-19, even if they are vaccinated;
- D. Children under the age of 5 will remain unprotected from infection until a vaccine is available for them;
- E. 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;
- F. Unvaccinated people in close contact with other people promotes the transmission of SARS-CoV-2 to a greater extent than vaccinated people in the same situations, which in turn increases the number of people who develop COVID-19 and become seriously ill;
- G. The ongoing incidence of COVID-19 and serious health consequences that result has been exacerbated over time, first by the arrival of the highly transmissible Delta variant of SARS-CoV-2, which caused significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people than earlier variants, and by the arrival of the even more transmissible Omicron variants, the first of which caused a surge in infections, hospitalizations and deaths, and is the dominant strain of SARS-CoV-2 circulating in the province;
- H. The continuing emergence of variants, which have led to significant surges in infection and hospitalizations in British Columbia and in other jurisdictions worldwide, 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;
- I. The emergence of the Omicron variants has introduced further uncertainty into the course of the pandemic. The suddenness of the arrival of the first Omicron variant and its swift and significant impact on the level of infection, hospitalization and ICU admission rates in British Columbia, and the greater level of transmissibility of the second Omicron variant, reflect the unpredictability of

SARS-CoV-2 and this uncertainty, coupled with uncertainty about the impact which the seasonal rise in respiratory viruses in the autumn and winter may have on the course of the virus, has led me to conclude that caution must be exercised when determining what measures continue to be necessary to mitigate the extent of the virus's transmission and to reduce the severity of disease which it causes;

- J. In my opinion, as further described below, chief among these measures is vaccination and caution requires me to recognize the critical importance of vaccination's continuing role in protecting the health of the population and the functioning of the health care system, and permitting the functioning of society, without the need for widespread measures. I am concerned that any slippage in the level of vaccination both generally and among those in contact with the more vulnerable could significantly undermine the ability of the population to withstand the effects of the virus, particularly if it were to emerge in a more virulent form;

Vaccination Importance and Effectiveness

- K. 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, provide protection against infection, appear to protect against the long-term effects of COVID-19 and are highly effective in protecting against severe illness, hospitalization, intensive care unit (ICU) admission and death across all eligible age groups, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people,
 - (b) most British Columbians have received their primary course of vaccine and booster doses are being implemented in order to reinforce the protection offered by vaccination,
 - (c) to date, six vaccines have been approved for use by Health Canada, five of which are available in the Province, including a single dose vaccine (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccines-for-covid-19>);
- L. 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;
- M. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and ICU admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding less serious illness and lower per capita hospitalization, ICU admission and death rates;

- N. Unvaccinated people have been at greater risk than vaccinated people of being infected with some variants of SARS-CoV-2, and those who have been infected have experienced significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people;
- O. People who are vaccinated can be infected with SARS-CoV-2, but experience less severity of illness than unvaccinated people, especially in younger populations;
- P. People who are unvaccinated are a greater risk to other people than vaccinated people. The reasons for this are that unvaccinated people are more prone to carry SARS-CoV-2 compared with vaccinated people, can be infectious for a longer period of time, clear the infection more slowly, and are more likely to have symptoms which spread virus than a vaccinated person. The result is that an unvaccinated person is more likely to become infected than a vaccinated person and is more likely to transmit SARS-CoV-2 than a vaccinated person;
- Q. Vaccinated people who are infected with SARS-CoV-2 have been shown to have high levels of protection against severe illness, appear to have a reduced risk of the long-term effects of COVID-19, experience shorter infectious and symptomatic periods and recover from COVID-19 faster than similarly situated unvaccinated people, which, in turn, reduces the risk of transmission to their close contacts and co-workers and minimizes the disruption caused by absenteeism, all of which supports the continued provision of essential services in particular, and the orderly functioning of society as a whole;
- R. Options for establishing vaccine status, including in paper and online format, are readily available to members of the public;

Natural Immunity and Testing

- S. 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 age, co-occurring medical conditions, medications being taken, which variant they were infected with, severity of infection and time since infection;
- T. The risk of reinfection and hospitalization is significantly higher in people who remain unvaccinated after contracting SARS-CoV-2 than in those who are vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection by providing a more consistent and reliable immune response than immunity arising from infection alone;
- U. Routine COVID-19 testing of asymptomatic people is not recommended in British Columbia, and PCR testing capacity is reserved for people who may be ill with COVID-19 to enable initiation of treatment. Asymptomatic testing can result in false negative testing, leading to a false sense of security that someone is not infected when in fact they are, and increases the likelihood of

generating false positive tests, which can be misleading and lead to imposition of unnecessary requirements on people who are not infected;

- V. Rapid antigen testing is not a substitute for vaccination, seems to be less useful for detecting infection with the Omicron variant and is most useful when used for symptomatic people in specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, and then followed up with confirmatory PCR testing for positive tests, when used in remote communities where obtaining results of PCR testing may be delayed and to assist in self-management;
- 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 of SARS-Co-2, and or the severity of illness if infected;

Impacts on Public Health and Health Care Systems

- X. If it were not for the high level of vaccination in the Province, British Columbia would be in a far more challenging situation than it is currently, but the increasing levels of transmissibility of the most recent variants means that high vaccination rates are required to mitigate transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions;
- Y. Both the public health and the health care systems have been required to devote significant amounts of their resources to preventing and responding to COVID-19 due to the transmission of SARS-CoV-2 across the Province, and to providing care for those who have become ill with COVID-19, who can be quite ill, require high levels of care and be hospitalized for long periods of time, which situation is exacerbated by the care needs of unvaccinated people who comprise a substantial proportion of those who require hospitalization and ICU admission;
- Z. Both the public health and health care systems have experienced severe stress and been stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population;
- AA. 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;
- BB. A high incidence of transmission and illness in one or more regions has already created and could again create spill-over effects on health care delivery across the Province, including in critical care and surgical service, resulting in a substantial backlog of surgeries and an increase in surgical wait times;
- CC. The inroads which have been made on the backlog of surgeries and surgical wait times more

recently can only be sustained if the demands on the health care system arising from COVID-19 related illness continue to decline. Similarly, the need to focus its efforts on responding to the pandemic has created a backlog of work for the public health system, including in the areas of childhood vaccination, overdose response measures and restaurant and other environmental health services related inspections, which the public health system will only be able to begin to address if the rate of transmission of SARS-CoV-2 continues to decline;

DD. Significantly, at the end of 2021 and early in 2022, with the occurrence of the Omicron wave of infections, it was the high level of vaccination among the health care workforce which ensured that the health care system had the necessary resiliency to respond to the upsurge in hospitalizations and ICU admissions by protecting the members of the workforce from serious and lengthy illness;

Health Professionals

EE. Health professionals undertake an important role in providing services to the public both in the public health system and in hospital, residential care facilities and community settings;

FF. Many health professionals provide in-person services directly to members of the public, including those who are very young, are of advanced age, have underlying health conditions or are suffering from illness, which makes them particularly vulnerable to infection with SARS-Co-2 despite their vaccination status;

GG. While some limited health care services may be provided remotely without direct encounter between the health professional and the patient (for example, through telehealth or online methods), not all persons are able to access these methods of service delivery, and these methods of service delivery are a barrier to access to health care services for persons with visual and hearing impairment, the elderly, persons with mental health challenges and persons who do not have ready access to technology;

HH. Furthermore, it is in the interest of public health that health care services be provided in person to patients whenever possible, particularly since in person access to health care services can be safely provided to patients if health professionals are vaccinated;

II. Although some individual health professionals may choose to limit their manner of service delivery to telehealth and online methods, since the colleges do not generally regulate the form of service delivery of health professionals, a health professional may revert to seeing patients in person, at the choosing of the health professional;

JJ. Trust and confidence in health professionals is essential to the success of the services they provide and to the vulnerable patient's or client's and the public's well-being. The public, especially members of the public to whom COVID-19 poses a heightened health risk of serious illness (due to advanced age, chronic health issues or compromised immune system), needs to have confidence that when they seek health care from a health professional they are going to be provided with health care in a manner that will best meet their health needs and not put their health at risk;

Balancing Competing Interests

- KK. I recognize the societal effects, including in some cases hardships, which the measures which I have put in place to protect the health of the population have had on many aspects of life, and am of the opinion that a high level of vaccination is the best means by which to avoid the need for a return to far reaching measures affecting the public at large;
- LL. I continually engage in reviewing the measures which I put in place, 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, reports from the rest of Canada and other jurisdictions, and scientific journal articles reflecting divergent opinions, and in making this Order have balanced the interests of registrants of the colleges against the risk of harm to the public and the health care system posed by interaction between unvaccinated registrants, patients and other registrants;
- MM. 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. 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 includes proportionate, precautionary and evidence-based measures to prevent loss of life, serious illness and disruption of our health system and society;
- NN. 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 to 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 consistent with principles of fundamental justice; the measures 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;
- OO. In addition, I recognize privacy interests, informational privacy rights protected by the *Freedom of Information and Protection of Privacy Act* and the rights protected by the *Human Rights Code*, and have taken these into consideration when exercising my powers to protect the health interests of the public;

THEREFORE, I have reason to believe and do believe that

- (a) vaccination reduces the public health risk of SARS-CoV-2 and the burden of COVID-19 illness on the public health system, health care system and society as a whole;
- (b) 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 variants, 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;
- (c) an unvaccinated registrant providing health care to a person puts that person at risk of infection with SARS-CoV-2 and constitutes a health hazard under the *Public Health Act*;
- (d) post-secondary institutions require information about the vaccination status of registrants applying for admission into health science programs for the purpose of determining the registrants eligibility to attend at places subject to the *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order* and the *Residential Care COVID-19 Preventive Measures Order*, a necessary part of health science education;
- (e) the University of British Columbia requires information about the vaccination status of registrants applying for enrollment into residency programs and other postgraduate medical education programs in order to determine the eligibility of the registrants to attend at places subject to the *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order* and the *Residential Care COVID-19 Preventive Measures Order*, a necessary part of medical education;
- (f) the medical health officers and I require information about the vaccination status of registrants in order to be in a position to assess the risk of the transmission of SARS-CoV-2 by registrants and to take steps to suppress the transmission of the virus;
- (g) it is necessary for
 - (i) the colleges to collect and retain the vaccine status of their registrants;
 - (ii) registrants to provide information about their vaccination status to their colleges upon request;
 - (iii) the colleges to provide information about the vaccine status of a registrant to a post-secondary institution or to the University of British Columbia upon request;
 - (iv) the colleges to provide personal information about a registrant or aggregate information about its registrants
 - (a) to me for the purpose of determining the vaccination status of registrants, or

- (b) to me or to a medical health officer for the purpose of preventing or responding to exposures to or clusters or outbreaks of COVID-19 in a workplace.

AND THAT it is therefore necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 57, 67 (2) and 69 of the *Public Health Act* **TO ORDER as follows:**

THIS ORDER REPEALS AND REPLACES THE *HEALTH PROFESSIONALS COVID-19 VACCINATION STATUS AND PREVENTIVE MEASURES ORDER* MADE ON MARCH 7, 2022

FOR CERTAINTY, THIS ORDER APPLIES TO HEALTH PROFESSIONALS IN ADDITION TO THE REQUIREMENTS OF THE *HOSPITAL AND COMMUNITY (HEALTH CARE AND OTHER SERVICES) COVID-19 VACCINATION STATUS INFORMATION AND PREVENTIVE MEASURES ORDER* AND THE *RESIDENTIAL CARE COVID 19 PREVENTIVE MEASURES ORDER*.

DEFINITIONS:

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

“**exemption**” means a variance issued to a person under the *Public Health Act* which permits an unvaccinated person to do that which they would otherwise be prohibited from doing pursuant to an order made under the *Public Health Act*, despite not being vaccinated;

“**exemption certificate**” means

- (a) proof, whether in paper or electronic form,
 - (i) issued by the provincial health officer or a delegate of the provincial health officer for the purpose of showing proof of exemption in accordance with orders of the provincial health officer made under the *Public Health Act*, and
 - (ii) showing the name of the holder; or
- (b) proof of an exemption from vaccination, whether in paper or electronic form
 - (i) issued by the chief medical health officer, or equivalent or delegate, of a province or territory of Canada, and
 - (ii) showing the name of the holder;

“**employer**” has the same meaning as in Parts A, B and C of the *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order* and in the *Residential Care COVID-19 Preventive Measures Order*;

“**personal information**” has the same meaning as in the *Public Health Act*;

“**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) a military identification card that is issued by a government of any jurisdiction, which includes a photograph of the holder and is satisfactory to the college or an employer, as the case may be;
- (g) another form of identification that is issued by a government of any jurisdiction which includes a photograph of the holder and is satisfactory to the college;

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

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

“postgraduate resident or clinical fellow” means a registrant applying to enroll in a residency or clinical fellowship program of the University of British Columbia;

“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;

“registrant” has the same meaning as in the *Health Professions Act* and includes:

- (a) a person who is registered with the College of Dental Surgeons of British Columbia as a dental therapist or certified dental assistant; and
- (b) a person who is registered with the College of Pharmacists of British Columbia as a pharmacy technician;

“unvaccinated” means that a person does not meet the definition of “vaccinated”;

“vaccinated” means to have received, at least 7 days previously, 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 a person vaccinated outside Canada, proof in English, French, or a certified translation into English or French, whether electronic or in writing, issued by a government or a government body or by an organization which administered the vaccine for the purpose of showing proof of vaccination, which
 - (i) is in the form of an official certificate, pass, card, receipt or confirmation showing the number of doses of vaccine received,
 - (ii) is not just a QR code,
 - (iii) includes in text
 - A. the person’s name,
 - B. the name of the government or government body or organization which administered the vaccine,
 - C. the brand name or any other information which identifies the vaccine,
 - D. the date the vaccine was administered.

A. COLLECTION AND RETENTION OF INFORMATION ABOUT VACCINATION STATUS

- 1. A college must
 - (a) collect from each registrant information about the registrant’s vaccination status, and
 - (b) keep a record of each registrant’s vaccination status.
- 2. A registrant must, upon request of their college and in the manner required by the college, provide the college with information about the registrant’s vaccination status, and
 - (a) if the registrant has been vaccinated, provide proof of vaccination, or
 - (b) if the registrant has an exemption, provide proof of an exemption, to the college.

B. DISCLOSURE OF INFORMATION ABOUT VACCINATION STATUS TO POST-SECONDARY INSTITUTIONS AND THE UNIVERSITY OF BRITISH COLUMBIA

- 1. A post-secondary institution may request and collect information from a college about the vaccination status of a registrant applying for admission to or enrolled in a health science program offered by the post-secondary institution for the purpose of determining the registrant’s

eligibility to attend at places subject to the *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order* and the *Residential Care COVID-19 Preventive Measures Order*.

2. If the information is available, a college must disclose information to a post-secondary institution about the vaccination status of a registrant who is applying for admission to or who is enrolled in a health science program offered by the post-secondary institution, upon the request of the post-secondary institution.
3. The University of British Columbia may request and collect information from the College of Physicians and Surgeons of British Columbia about the vaccination status of a registrant who is applying for enrollment as a postgraduate trainee, resident or clinical fellow or who is enrolled as a postgraduate trainee, resident or clinical fellow for the purpose of determining the registrant's eligibility to attend at places subject to the *Hospital and Community (Health Care and Other Services) COVID-19 Vaccination Status Information and Preventive Measures Order* and the *Residential Care COVID-19 Preventive Measures Order*.
4. If the information is available, the College of Physicians and Surgeons of British Columbia must disclose information to the University of British Columbia about the vaccination status of a registrant who is applying for enrollment in or who is enrolled in a residency or clinical fellowship program, upon the request of the University.
5. A post-secondary institution must only retain information which is disclosed to it under this Order if the registrant is or is subsequently enrolled in a health science program offered by the post-secondary institution.
6. The University of British Columbia must only retain information which is disclosed to it under this Order if the registrant is or is subsequently enrolled in a health science program or as a postgraduate resident or a clinical fellow.

C. DISCLOSURE OF VACCINATION STATUS TO THE PROVINCIAL HEALTH OFFICER AND MEDICAL HEALTH OFFICERS

1. A college must, on request, disclose to me aggregate information respecting the vaccination status of registrants of the college.
2. For the purpose of preventing or responding to exposures to, or clusters or outbreaks of COVID-19 in the workplace, if the information is available, a college must disclose to me or the medical health officer, on request,
 - (a) on an aggregate basis,
 - (i) the location of all places where registrants work, and
 - (ii) the vaccination status of the registrants of the college who work in each of the places,
or

(b) respecting an individual named registrant, all the places where the registrant works and the vaccination status of that registrant

D. DELEGATION OF AUTHORITY TO THE COLLEGES

Under the authority vested in me by section 69 of the *Public Health Act*, I delegate my authority under section 54 (1) (k) of the *Public Health Act* to the colleges to disclose personal information about the vaccination status of their registrants to post-secondary institutions and to the University of British Columbia in accordance with the provisions of this Order.

E. EXPIRATION AND COMPLIANCE

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*.

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*.

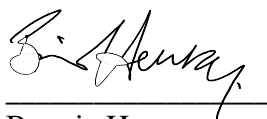
Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the *Public Health Act*, I will not be accepting requests for reconsideration of this Order.

You 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: 10th day of June 2022

SIGNED:



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY: 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

In this Act:

“health hazard” means

- (a) a condition, a thing or an activity that
 - (i) endangers, or is likely to endanger, public health, or
 - (ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or
- (b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that
 - (i) is associated with injury or illness, or
 - (ii) fails to meet a prescribed standard in relation to health, injury or illness;

When orders respecting health hazards and contraventions may be made

30 (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or
- (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting health hazards and contraventions

31 (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;
- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;
- (d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

- (2) A health officer may issue an order under subsection (1) to any of the following persons:
- (a) a person whose action or omission
 - (i) is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
 - (b) a person who has custody or control of a thing, or control of a condition, that
 - (i) is a health hazard or is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
 - (c) the owner or occupier of a place where
 - (i) a health hazard is located, or
 - (ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

Specific powers respecting health hazards and contraventions

- 32** (1) An order may be made under this section only
- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
 - (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].
- (2) Without limiting section 31, a health officer may order a person to do one or more of the following:
- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
 - (i) by a specified person, or under the supervision or instructions of a specified person,
 - (ii) moving the thing to a specified place, and
 - (iii) taking samples of the thing, or permitting samples of the thing to be taken;
 - (b) in respect of a place,
 - (i) leave the place,
 - (ii) not enter the place,
 - (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,
 - (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
 - (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;
 - (c) stop operating, or not operate, a thing;
 - (d) keep a thing in a specified place or in accordance with a specified procedure;

- (e) prevent persons from accessing a thing;
- (f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;
- (g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;
- (h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;
- (i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;
- (j) provide evidence of complying with the order, including
 - (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and
 - (ii) providing to a health officer any relevant record;
- (k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

- (a) the person consents in writing to the destruction of the thing, or
- (b) Part 5 [*Emergency Powers*] applies.

Contents of orders

39 (3) An order may be made in respect of a class of persons.

(6) A health officer who makes an order may vary the order

- (a) at any time on the health officer's own initiative, or
- (b) on the request of a person affected by the order, following a reconsideration under section 43 [*reconsideration of orders*].

Duty to comply with orders

42 (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

Reconsideration of orders

43 (1) A person affected by an order, or the variance of an order, may request the health officer who issued the order or made the variance to reconsider the order or variance if the person

- (a) has additional relevant information that was not reasonably available to the health officer when the order was issued or varied,
 - (b) has a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would
 - (i) meet the objective of the order, and
 - (ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or
 - (c) requires more time to comply with the order.
- (2) A request for reconsideration must be made in the form required by the health officer.
- (3) After considering a request for reconsideration, a health officer may do one or more of the following:
- (a) reject the request on the basis that the information submitted in support of the request
 - (i) is not relevant, or
 - (ii) was reasonably available at the time the order was issued;
 - (b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;
 - (c) confirm, rescind or vary the order.
- (4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).
- (5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.
- (6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.
- (7) For the purposes of this section,
- (a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and
 - (b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.
- (8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

General emergency powers

- 54** (1) A health officer may, in an emergency, do one or more of the following:
- (a) act in a shorter or longer time period than is otherwise required;
 - (b) not provide a notice that is otherwise required;
 - (c) do orally what must otherwise be done in writing;

- (d) in respect of a licence or permit over which the health officer has authority under section 55 [*acting outside designated terms during emergencies*] or the regulations, suspend or vary the licence or permit without providing an opportunity to dispute the action;
 - (e) specify in an order a facility, place, person or procedure other than as required under section 63 [*power to establish directives and standards*], unless an order under that section specifies that the order applies in an emergency;
 - (f) omit from an order things that are otherwise required;
 - (g) serve an order in any manner;
 - (h) not reconsider an order under section 43 [*reconsideration of orders*], not review an order under section 44 [*review of orders*] or not reassess an order under section 45 [*mandatory reassessment of orders*];
 - (i) exempt an examiner from providing examination results to an examined person;
 - (j) conduct an inspection at any time, with or without a warrant, including of a private dwelling;
 - (k) collect, use or disclose information, including personal information,
 - (i) that could not otherwise be collected, used or disclosed, or
 - (ii) in a form or manner other than the form or manner required.
- (2) An order that may be made under this Part may be made in respect of a class of persons or things, and may make different requirements for different persons or things or classes of persons or things or for different geographic areas.

Emergency powers respecting reporting

57 (1) The provincial health officer may, in an emergency, order that a specified infectious agent, hazardous agent, health hazard or other matter be reported under this section.

(2) If an order is made under this section, a person required by the order to make a report must promptly report, to the extent of his or her knowledge, to a medical health officer the information required by the order.

(3) If a person is required to make a report under this Act, the provincial health officer may in an emergency order the person exempt from the requirement, or vary the requirement.

Provincial health officer may act as health officer

67 (1) The provincial health officer may exercise a power or perform a duty of a medical health officer under this or any other enactment, if the provincial health officer

- (a) reasonably believes that it is in the public interest to do so because
 - (i) the matter extends beyond the authority of one or more medical health officers and coordinated action is needed, or
 - (ii) the actions of a medical health officer have not been adequate or appropriate in the circumstances, and
- (b) provides notice to each medical health officer who would otherwise have authority to act.

(2) During an emergency under Part 5 [*Emergency Powers*], the provincial health officer may exercise a power or perform a duty of a health officer under this or any other enactment, and, for this purpose, subsection (1) does not apply.

Delegation by provincial health officer

69 The provincial health officer may in writing delegate to a person or class of persons any of the provincial health officer's powers or duties under this Act, except the following:

- (a) a power to further delegate the power or duty;
- (b) a duty to make a report under this Act.

Offences

99 (1) A person who contravenes any of the following provisions commits an offence:

- (k) section 42 [*failure to comply with an order of a health officer*], except in respect of an order made under section 29 (2) (e) to (g) [*orders respecting examinations, diagnostic examinations or preventive measures*];