



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3), 53, 54 (1) (k), 57 (1), 67 (2) and 69 of the
Public Health Act, S.B.C. 2008)

POST-SECONDARY INSTITUTION HOUSING COVID-19 PREVENTIVE MEASURES ORDER – FEBRUARY 18, 2022

The *Public Health Act* is at:

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

(excerpts enclosed)

TO: POST-SECONDARY INSTITUTIONS WITH RESIDENTIAL HOUSING

TO: RESIDENTS WHO RESIDE IN POST-SECONDARY HOUSING

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, provide protection against infection 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 who have received their primary course of vaccine (two doses) have strong and durable protection against severe illness from SARS-CoV-2 resulting from the extended interval between dose one and dose two 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; and

- (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;
- 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 ICU admissions, primarily in unvaccinated people. In contrast, communities with high vaccination rates have seen corresponding less serious illness and lower per capita hospitalization, ICU admission and death rates;
- F. Unvaccinated people are at greater risk than vaccinated people of being infected with SARS-CoV-2, and unvaccinated people 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 since they are generally contagious for shorter periods of time and are less symptomatic, they are less likely to transmit SARS-CoV-2 when compared to unvaccinated infected persons;
- H. 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 now by the presence of the even more transmissible Omicron variant, which is responsible for a surge in infections, and is now 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 Omicron variants means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and, most importantly, given the high case rates we are presently experiencing with Omicron, reduce the burden on the healthcare system, particularly hospital and ICU admissions going forward;
- J. The emergence of the Omicron variant, which is leading 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;
- K. Further, vaccinated people who are infected with SARS-CoV-2, including the Omicron variant, have

been shown to have high levels of protection against severe illness and to experience shorter infectious and symptomatic periods, and to 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.

- 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;
- 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 COVID-19 due to transmission of SARS-CoV-2 across the province, and to provide care for those who 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;
- 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 which variant they were infected with and 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 are 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 than immunity arising from infection;
- O. 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;
- P. 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;
- Q. 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.
- R. Programs that require proof of vaccination have been shown to increase vaccination uptake in populations, thereby reducing 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;
- S. There are difficulties and risks in accommodating a person who is unvaccinated, since there is no other measure that is as effective as vaccination in reducing the risk of contracting or transmitting SARS-Co-2, and the likelihood of experiencing severe illness, hospitalization, ICU admission and death, if infected;

- T. 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;
- U. Routine COVID-19 testing of asymptomatic people is not recommended in British Columbia. Polymerase chain reaction (PCR) testing capacity is reserved for people who have symptoms of COVID-19 and are either at risk of more severe disease, and currently eligible for treatment, or live or work in high-risk settings, such as health care workers. Rapid antigen testing requires higher virus levels in the sample to detect and report a positive result and, therefore, has a higher risk of providing a false negative result and is less accurate and reliable than PCR testing;
- V. Rapid antigen testing is not a substitute for vaccination 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, such as in long-term care facilities, and then followed up with confirmatory PCR testing for positive tests, and when used in remote communities where obtaining results of PCR testing may be delayed;
- W. Various options for establishing vaccine status, including in paper and online format, are readily available to members of the public;
- X. The Omicron variant has introduced uncertainty into the course of the pandemic, and the rapid rise in infection, hospitalization and ICU admission rates in British Columbia has led me to conclude that unless measures are kept in place to temper the extent of transmission, reduce severity of disease and continue to incentivize vaccination, there is a strong likelihood that the highly-transmissible nature of Omicron will cause serious illness among a sufficient proportion of the public to overwhelm the Province's health care system, which is already operating beyond capacity;
- Y. Post-secondary housing often includes congregate living arrangements in which kitchen and bathing facilities are shared, and many post-secondary institutions have large numbers of students and other persons living in post-secondary housing of this nature. This type of housing brings people close together on a regular basis which can facilitate the transmission of SARS-CoV-2;
- Z. The risk of transmission of virus in congregate living settings provides a strong precautionary basis for requiring residents to be vaccinated and to report their vaccination status to the post-secondary institution, and for imposing other preventive measures in order to protect their health and the health of other residents, students, staff and faculty at the post-secondary institution;
- AA. Medical health officers need to know which residents living in post-secondary housing are unvaccinated in order to most effectively assess the risk of COVID-19 outbreaks in post-secondary housing, and to plan for a response to, and for the management of, an exposure or outbreak of COVID-19 in post-secondary housing;
- BB. I recognize the effect which the preventive measures I am putting in place to protect the health of residents, students, staff and faculty at post-secondary institutions may have on residents and, with this in mind, have engaged, and will continue to 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, particularly at post-secondary institutions, 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 people affected by the Order, including constitutionally protected interests, against the risk created by the presence of unvaccinated residents in post-secondary housing;

- 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, 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 includes proportionate, precautionary and evidence-based measures, including vaccination, to prevent loss of life, serious illness and disruption of our health system and society;
- DD. 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 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;
- EE. 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 residents, staff and faculty at post-secondary institutions;
- 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 family or apartment housing provided for students of a post-secondary institution.

THEREFORE, I have reason to believe and do believe that

- A. The risk of transmission of COVID-19 in post-secondary housing of a congregate nature where the residents live in close quarters and intermingle and socialize with one another, constitutes a health hazard under the *Public Health Act* and provides a strong precautionary basis for
- (a) requiring the residents
 - (i) to be vaccinated or take preventive measures if unvaccinated, and
 - (ii) to report their vaccination status to the post-secondary institution; and
 - (b) requiring post-secondary institutions

- (i) to collect information about their vaccination status from current and prospective residents, and
- (ii) to disclose information to the medical health officer, on request.

B. In order to mitigate the risk described above, it is necessary for me to exercise the powers in sections 30, 31, 32, 39, 53, 54, 56, 57 (1), 67 (2) and 69 of the *Public Health Act* **TO ORDER** as follows:

THIS ORDER REPEALS AND REPLACES MY ORDER MADE ON SEPTEMBER 9, 2021, WITH RESPECT TO POST-SECONDARY INSTITUTION HOUSING.

DEFINITIONS:

In this Order

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

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

but does not include a small or large clear plastic face shield;

“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;

“post-secondary housing” means housing provided for students attending a post-secondary institution which is characterized by residents living in a residence with double or single rooms, sharing bathing and toilet facilities and eating in a common cafeteria, or by residents living in a residence and sharing a common bathroom, kitchen and lounge facilities, and includes housing provided directly by a post-secondary institution or by a contractor;

“post-secondary institution” means an entity that provides any of the following programs and has post-secondary housing for residents:

- (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;

“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;

“resident” means a person living in post-secondary housing, including a student, staff member or faculty member but does not include persons staying in these facilities when the facilities are used:

- (i) for short term hotel style accommodations available to the general public,
- (ii) by conference attendees,
- (iii) for residential programs of third party operators, or
- (iv) for persons staying less than 30 days to attend programs offered by the post-secondary institution;

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

“vaccinated” means

- (a) to have received all doses of a vaccine or a combination of vaccines, but not including a booster dose, as recommended by
 - (i) 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
 - (ii) 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;

A. PREVENTIVE MEASURES AND VACCINATION STATUS INFORMATION OF RESIDENTS [LIVING IN POST-SECONDARY HOUSING]

1. A resident must be vaccinated to live in post-secondary housing and must provide proof of vaccination to the post-secondary institution.
2. A post-secondary institution must provide notice to every prospective resident that the resident must provide proof of vaccination to the post-secondary institution prior to the date on which the resident is to commence living in post-secondary housing.
3. A person who receives a notice under section 2 must provide proof of vaccination to the post-secondary institution prior to the date on which the person is to commence living in post-secondary housing.
4. Subject to section 5, a resident who has not provided proof of vaccination will be considered to be unvaccinated and must wear a face covering which covers the resident's nose and mouth when in any area of the post-secondary housing in which the resident resides, other than the resident's room, until the resident provides proof of vaccination to the post-secondary institution.
5. Despite section 4, a resident is not required to wear a face covering over their nose and mouth, if
 - (a) the resident is unable to put on or remove a face covering without the assistance of another person;
 - (b) the resident is unable to wear a face covering because of
 - (i) a psychological, behavioural or health condition, or
 - (ii) a physical, cognitive or mental impairment;
 - (c) the face covering is removed temporarily for the purpose of identifying the resident wearing it;
 - (d) the face covering is removed temporarily to communicate with a person with a disability or diverse ability, where visual cues, facial expressions or lip reading or lip movements are important;
 - (e) the resident is consuming a food or beverage;
 - (f) the resident is carrying out personal hygiene.
6. In order to assist the medical health officer in assessing and taking steps to prevent the risk of COVID-19 outbreaks in post-secondary housing, and in planning for a response to, and for the management of, an exposure, case, cluster or outbreak of COVID-19 in post-secondary housing, a post-secondary institution must
 - (a) make, update and retain a record of

- (i) the name of each resident who has not provided proof of being vaccinated, and
 - (ii) the name and address of the post-secondary housing in which the resident resides;
- (b) provide information from this record, or the record itself, to the medical health officer on request;
- (c) provide other information to the medical health officer, on request, including
- (i) the number of residents in particular post-secondary housing,
 - (ii) the name of and contact information for residents in particular post-secondary housing, and
 - (iii) the characteristics of particular post-secondary housing, and the facilities which it includes.

B. MEDICAL HEALTH OFFICER 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 with respect to the risk of the transmission of communicable diseases in facilities, **I FURTHER ORDER:**

1. A medical health officer may make an order subsequent to this Order for the purpose of imposing more restrictive limitations or conditions with respect to post-secondary housing in the whole or part of the geographic area of the province for which the medical health officer is designated, or with respect to particular post-secondary housing.
2. While it is in force, a provision in an order made by a medical health officer subsequent to this Order, which imposes more restrictive limitations or requirements than this Order with respect to one or more post-secondary housing residences, or one or more classes of post-secondary housing residences, applies in the whole or part of the geographic area of the province for which the medical health officer is designated, according to the terms of the order, despite the provisions of this Order.

C. RECONSIDERATION

After taking into consideration the interest of residents, students, staff members and faculty members in living, studying and working in an environment in which the risk of infection or becoming seriously ill is as low as possible, and having made provision for the accommodation of unvaccinated residents in this Order, and taking into account 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, 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*, not to accept requests for a reconsideration of this Order.

D. EXPIRY

This Order expires at 12:01 A.M on June 30, 2022.

E. COMPLIANCE AND ENFORCEMENT

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*.

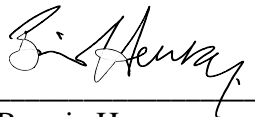
F. CONTACT INFORMATION

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: 18th day of February 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

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.

Part applies despite other enactments

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and
- (b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

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.

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*];