

Consultation Public Health Act - Executive Summary

November 10, 2005

Background and Rationale

The *Health Act* provides authority for public health officials and others to protect and improve the health of British Columbians. However, it has many outdated clauses and does not cover some important aspects of modern public health that are in updated statutes in other jurisdictions. The experience of SARS, the Walkerton tainted water crisis, the threat of pandemic influenza, and challenges of preventing chronic diseases have intensified the need to develop a new *Public Health Act* that is modern, coherent and connected, comprehensive, and flexible to deal with current and emerging issues.

A new *Public Health Act* will include additions, replace and update most sections, encompass provisions of the *Venereal Diseases Act*, and update the regulations. The Minister, public health officials, Health Authorities, local governments, and others will have clearly established powers, duties and functions. It will include traditional areas of environmental health hazard abatement and communicable disease control, provide for population health promotion planning, improve public health emergency preparedness and response, and allow for dealing with the new challenges presented by chronic diseases, disabilities, problematic substance use, and injuries.

A legislative base for essential public health functions will be established and powers related to inspection, orders, quarantine, and isolation will be updated. In addition, analysis supports the continuing regulation of the two registries that are currently under the *Health Act* (the Cancer Registry and the Health Status Registry of congenital anomalies, genetic conditions, and chronic handicapping conditions). There is the possibility of regulating other similar personal information banks such as those of communicable and chronic diseases, and analysis of the implications of this is ongoing.

In order to engage stakeholders in providing input to the development of a new Act, a *Consultation Public Health Act* has been developed. The following summarizes proposed sections and highlights possible additions.

Part 1 - Definitions

This part will update/add legal terminology to be consistent with modern public health science and practice.

What's new?

Definitions of Public Health, Health Hazard (expanded to include a person, animal, action, or failure to act), and Core Functions in Public Health are new.

Part 2 - Powers, Duties and Functions

The Minister, Provincial Health Officer (PHO), Medical Health Officers (MHOs), Environmental Health Officers (EHOs), Health Authorities, and Local Government will have the authority to take action to protect and improve health.

- The Minister (through the work of the ministry) will advise Government, Health Authorities and local government on matters of public health. This includes developing plans, reviewing performance, and making recommendations regarding issues such as environmental health hazards, prevention of illness, and performance of public health services.
- The PHO will advise the Minister and the government, the public, and others in an independent manner on matters of public health.
- The role of the BC Centre for Disease Control in acting on behalf of the ministry, PHO, and MHOs is described.
- MHOs will advise Health Authorities, the public, local government and others in an independent manner on matters of public health.
- Health Authorities will monitor health matters within their jurisdiction, develop population health promotion plans, and deliver public health functions in their specific geographic areas.
- Local Government's role in working with Health Authorities on public health matters will be described.

What's new?

A number of specific duties, powers and functions are new including a role for the minister to review government plans that may adversely affect health, ability to establish professional standards for public health staff, ability to require development of plans to deal with public health emergencies, requirements to implement essential public health functions and monitor public health service performance, ability to require the provision of information, and the ability to expand requirements regarding the reporting of public health events and issues. Greater congruence between the functions of the PHO and MHOs are new, with a clearer mandate for MHOs to advise in an independent manner on public health issues. Inclusion of statutory responsibilities for BCCDC in the Act is new.

Part 3 – Population Health Promotion Planning and Public Health Service Planning

The Minister, PHO, MHO, Health Authorities and the Local Governments will collaborate to develop and implement population health promotion plans.

What's new?

This section is new. These plans will be developed as part of current planning processes and will allow for a focus on improving the health of the public through strategies to prevent the ever-increasing burden of chronic diseases, and address determinants of health. Reporting on progress will be included.

Part 4 – Environmental and other Health Hazards; Radiation Protection; Non-Communicable (Chronic) Diseases; and Injuries

A general prohibition against creating health hazards, including those that result in chronic diseases and injuries, is proposed to allow taking action in the event that there is a gap in dealing with a health hazard. Local government and MHOs can take actions necessary to prevent, inspect for, and abate health hazards in their areas. Those who abate the hazard may recover costs associated with enforcement /compliance.

What's new?

New measures include a general prohibition against creating health hazards, protection for people who report health hazards from sanction, ability to take extraordinary measures if serious threats to public health exist, and ability to file notices of health hazards regarding land with the Registrar of Land Titles.

Part 5 - Communicable Diseases

Authority for monitoring, reporting, preventing, and controlling communicable diseases will be provided. Quarantine and isolation provisions will be updated. If vaccination requirements are made, exemptions may be allowed for those who make informed decisions to refuse vaccination or whose religious conscience prevents vaccination.

What's new?

Clearer and more modern powers, duties and functions are provided within the context of respecting rights and privacy, and allowing for fair process and consideration of people affected by public health actions. Provisions regarding particularly serious communicable disease that warrant additional measures such as requiring treatment and protective behaviours, or involve contact tracing and treatment will be proposed.

Part 6 - Public Health Emergencies

The Minister may establish requirements for the implementation of plans and programs to prevent or respond to public health emergencies and require the Health Authorities, local government, ministries, and government corporations and agencies to act. Regulations may be made or immediate actions taken for the prevention, treatment, mitigation and suppression of disease. Government may establish temporary hospitals and take possession of land or buildings to deal with emergency situations.

What's new?

Updated and more comprehensive measures to plan for and respond to situations that pose risk of significant harm to the health or safety of the public or a group of people, including the ability to mobilize resources, investigate potential threats, and take direct action to protect the health of the public.

Part 7 – Enforcement, Penalties, Liabilities, Appeals

In carrying out duties, a health official may use force and employ the assistance of police or other persons. It will be an offence to withhold information or prevent a health official from performing duties under the Act. Knowingly creating a health hazard can result in liabilities to the perpetrator. Penalties could include community service, injunctions, or fines, which can be substantial.

What's new?

Withholding information about a health hazard will now be a specific offense, and linking the creation of a health hazard to liabilities for public health interventions and health care costs will be new.

Part 8 - Information and Privacy

Modern privacy protection and information sharing provisions will be included where not covered in other legislation. Updated sections on registries and other personal information banks may be included. To protect privacy and encourage cooperation with public health providers, the PHO and MHOs will not be compelled to give evidence regarding public health matters in court proceedings related to civil or criminal issues, and records will be protected from subpoena.

What's new?

Clearer provisions for privacy protection and information sharing, and possibly registry and personal information bank regulation will be included.

Part 9 – Immunities

Health Officials who perform their duties in good faith will have protections against lawsuits and employment sanctions. Mandatory physical examination, vaccination, or medical treatment will not constitute an assault.

What's new?

Protections from employment sanctions and charge of assault are new.

Part 10 - Regulations

Authority to make regulations covering the breadth of issues necessary to protect and improve health will be described. This will allow the Act to focus on the desired outcomes, with detailed procedures to be included in the regulations.

What's new?

New elements include the authority to create regulations regarding guidelines, standards, and directives that must be followed; details of core public health functions; products or services that do or are likely to result in a health hazard that are not otherwise being regulated; expanded reporting requirements; vaccination provision and reporting; laboratories working with particularly dangerous organisms; maintenance and improvement of indoor and outdoor air quality; protection of people from harmful exposure to ultraviolet radiation; and compensation for people affected by actions such as quarantine.

Consultation Public Health Act

Disclaimer

The following document for discussion purposes contains some of the content areas that could be in a new public health Act. The purpose of this document is to assist in determining what should be included in a new Act.

These sections are presented for discussion purposes only, and do not indicate that any policy or other decision has been made with regards to content, or that any directions indicated by these sections have been approved by the Ministry of Health or the Government of B.C.

This is not a complete listing of all the sections that could be in a new Act, and not all the sections listed here will necessarily appear in a new Act. This document is not meant to determine proposed language, as that will be determined by Legislative Counsel.

Some sections will also include specific mention of Environmental Health Officers, which are indicated by “(also EHOs)”.

Note that the highlighted sections are new proposals to the legislation of public health in B.C.

Outline

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Preamble

This Act is necessary to support activities that protect the health of the population, to establish conditions favourable to the maintenance and enhancement of health and well-being, and to reduce health inequalities. The Act enables public health officials to engage in public health monitoring activities, and gives public health officials the power to take action in situations where the health of the population is threatened. Other measures are included regarding the prevention of death, communicable and non-communicable disease, disability and injury having an impact on the health of the population, and the means of exerting a positive influence on major health determinants, in particular through intersectoral collaboration. These measures are intended to maintain and improve physical health and mental and social capacities of persons to remain active within their environment. Other measures provide for the ongoing surveillance of health status of the population, and the implementation of necessary public health functions to be delivered by the government and health authorities. The Act emphasizes that public health actions are directed towards the health of the population, rather than targeting individuals.

The Act has been developed based on the following principles:

General

- Proactively improving and protecting the public's health
- A focus on the health of populations
- Collaborative partnerships with communities
- Attention to inequalities in health status
- The responsibility of individuals and organizations to act in such a manner that does not adversely affect the health of the public
- Attention to the impact of the physical, social, and economic environments on health

Specific to exercise of powers

- Least restrictive or intrusive alternatives should be used initially.
- Reciprocity – Reasonable consideration should be given to providing assistance, support and other alternatives to individuals that are adversely impacted by public health actions in situations where measures to protect the health of the population require them to take actions that are in the interest of the common good, but that may affect their personal lives.
- Restrictions of liberty only for prevention of harm to the public's health.
- Due process in decision-making to ensure rights and fairness.

Purpose

The purpose of the Act is to provide the authority for the Minister, Health Officials, health authorities, local government, and others to establish organizational arrangements and take action to protect and improve the health of the population of British Columbia. Implementation of the Act will also assist in the establishment of conditions favourable to the maintenance and enhancement of the health and well-being of the public.

In the event of a conflict between this Act and regulations and other local, provincial, First Nations, or federal Acts or regulations that regulate public health matters, it will be indicated whether the provisions of this Act and regulations prevail.

In addition to this Act, public health matters are regulated by the *Drinking Water Protection Act*, *Food Safety Act*, *Tobacco Sales Act*, *Venereal Diseases Act*, *Community Care and Assisted Living Act*, and provisions in such Acts as the *School Act*, *Community Charter*, and *Environmental Management Act*.

Part 1 — Definitions

“public health” is the organized effort of society to protect and improve the health and well-being of the population through

- health monitoring, assessment and surveillance
- health promotion
- reducing inequalities in health status
- prevention of disease, injury, disability and premature death, and
- protection from environmental impacts and hazards, and other hazards to health.

This is done through an appropriate balancing of the rights and responsibilities of individuals and organizations and the responsibility of government to protect and improve health.

“health hazard” means

- (a) a condition, person, animal, plant, thing, action, or failure to act that does or is likely to
 - (i) endanger the health of the public, or
 - (ii) prevent or hinder the prevention or suppression of diseases,
- (b) a prescribed condition or thing, or
- (c) a prescribed condition or thing that fails to meet a prescribed standard;

“health authority” – an agency that is funded by the provincial government to deliver public health services in British Columbia.

“Framework for Core Functions in Public Health” – A document prepared and revised by the Minister to identify the essential set of public health services that health authorities must provide.

Part 2 — Powers, Duties, and Functions

Note: In addition to the following, further specific powers, duties, and functions are listed in the subsequent sections.

Minister

The Minister is responsible for attending to and improving the health of the population and improving public health in British Columbia; working to establish conditions favourable to the maintenance and improvement of the population’s health and well being; working to prevent disease, injury, disability, premature death, and social problems having an impact on population health; and working to exert a positive influence on the determinants health. The Minister is the government advisor on public health issues and must be consulted in the development of statutes, regulations, and policies that are likely to have a negative impact on the health of the population.

More specifically, the Minister must, either directly or through the work of the Ministry of Health or delegated agencies:

1. Monitor the health of British Columbians.
2. Inquire into variations in health status.
3. Evaluate progress towards population health promotion goals and objectives.
4. Collect and analyze records of deaths, diseases, injuries, and disabilities.
5. Investigate the causes of patterns of deaths, diseases, injuries and disabilities.
6. Make plans regarding the prevention of deaths, diseases, injuries, and disabilities.
7. Develop plans to improve the health of British Columbians and protect British Columbians from environmental and other health hazards.
8. Monitor and inquire into measures being taken by other ministries, local governments or health authorities for the prevention of death, diseases, injuries and disabilities.
9. Establish a “Framework for Core Functions in Public Health”, and monitor the implementation of the core functions.
10. Review the performance of public health services, recommend modifications and provide direction to improve public health outcomes.
11. Advise other ministries, health authorities and local governments regarding measures to improve the health of the public and prevent disease, illness and injury.
12. Require that local governments or health authorities under take measures considered necessary to deal with an urgent situation that poses a risk of significant harm to the health or safety of the public or a group of people.
13. Require the reporting of diseases, syndromes, symptoms, injuries, poisonings or other specified conditions, laboratory tests, organisms, exposures to chemical, biological, radiation, or other environmental contamination, clusters of diseases, or other environmental or other condition dangerous to public health; events or suspicion of events of public health concern, indicators/risk factors, susceptibility

for disease, production and sale of products of public health concern, health service provision, and emerging issues that may threaten the health throughout the province or in any specified area or areas; on an ongoing basis or for a limited time; and specifying who, what, when and how and to whom the information must be reported.

The Minister may, either directly or through the work of the Ministry of Health or delegated agencies:

14. Inquire into measures being taken by ministries, local governments or health authorities for the prevention of death, diseases, and injuries.
15. Ministers must submit plans for policy changes, programs, services or other measures that are likely to adversely affect the health of the public to the Minister of Health who may take whatever measures deemed necessary to reduce the risk to public health from the proposed action.
16. Require ministries, health authorities, local government or others to exercise and enforce powers that are required to protect public health.
17. Delegate powers, duties or functions.
18. Enter into agreements for the provision of public health services.
19. Issue guidelines or standards that must be considered or followed, and directives that must be followed, and may require monitoring of compliance with the guidelines, standards, and directives.
20. Designate specified areas of the province for the provision of prescribed public health services.
21. Establish professional standards for, and monitor the performance of public health staff, except MHOs (which is done by the PHO).
22. Take temporary possession of premises in order to deal with a situation that poses a risk of significant harm to the health or safety of the public or a group of people.
23. Establish requirements for the implementation of plans and programs to prevent or respond to communicable disease epidemics and other serious public health concerns.
24. Require the development of plans and programs by health authorities, local government, ministries, and government corporations and agencies to prevent, mitigate, and respond to any public health emergency that might arise.
25. Distribute any medical equipment necessary for the prevention or treatment of diseases.
26. Distribute to the public health literature and special practical information about the prevention of diseases, injuries and disabilities,

Provincial Health Officer (PHO)

The Provincial Health Officer is the senior medical health officer for British Columbia and is responsible for attending to and improving the health of the population and improving public health in British Columbia, including working with other government bodies, non-government agencies, and others to facilitate public health action. The PHO must advise ministers, senior members of ministries, other agencies, and the public in an independent manner, on health issues in British Columbia and on the need for legislation, policies and practices respecting those issues.

More specifically the PHO must:

1. Monitor the health of the people of British Columbia and annually report to the minister and public the information, analysis, and recommendations for action to improve health status.
2. Monitor the performance of public health services in BC.
3. Report on health of the population and public health in a manner the Provincial health officer considers most appropriate.
4. Direct public health responses to cross regional, inter-provincial, and international outbreaks or other public health emergencies, unless direction of the response has been specifically delegated.
5. Make recommendations regarding the appointment of a Deputy PHO and Medical Health Officers.
6. Establish professional standards for, and monitor the performance of MHOs.

The PHO may:

7. Delegate a power, duty, or function.
8. Monitor compliance with guidelines and directives of the Minister.
9. Order a MHO, Environmental Health Officer, or others to take action or cease taking action if the PHO considers the health of the public to be in danger
10. May direct the public health response to urgent communicable disease issues, or the local responses to outbreaks or other public health emergencies if he/she deems such intervention necessary to optimize the response.
11. Exercise all the powers, duties and functions of an MHO.
12. Act in the place of an MHO.
13. The Minister may appoint the PHO, or any other person, as commissioner to investigate public health issues and that official will have all the necessary powers to obtain information, call witnesses, and conduct other necessary investigations.
14. Review and comment on the provincial or regional population promotion health plans.
15. Require the production of any information related to a threat to public health from any person, organization, government department, government agency, or other entity to permit an assessment to be made of the threat.
16. Require the production of information of public health importance on an ongoing basis in the event of a risk of significant harm to the health or safety of the public or a group of people.
17. Require the temporary reporting; as limited by regulations; of diseases, syndromes, symptoms injuries, or other specified conditions, laboratory tests, exposures to chemical, biological, radiation, or other environmental contamination, clusters of diseases, or other environmental or other condition dangerous to public health; throughout the province or in any specified area or areas; and specifying who, what, when and how and to whom the information must be reported.

BC Centre for Disease Control; Functions of the Head of the BCCDC

1. A BC Centre for Disease Control (BCCDC) must continue to be in place, to carry out the following functions on behalf of and be accountable to the Minister, Provincial Health Officer, and the Medical Health Officers.
2. The head of the BC Centre for Disease Control must, either directly or through delegation to staff:
 - 2.1. Operate public health laboratory services with the capability to identify, further analyze, provide specialist consultation, and report about organisms, conditions, and diseases that pose a threat to the health of the public.
 - 2.2. Access, collect, monitor, and analyze disease, related conditions, and immunization data and disseminate the data, analysis, information, and recommendations for action.
 - 2.3. Distribute information on diseases and related conditions and provide advice regarding best practices, guidelines, standards, and procedures.
 - 2.4. Coordinate outbreak responses as delegated by the PHO.
 - 2.5. Monitor and report on specified activities of public health services with respect to disease prevention and control.
3. The Minister may make regulations to further define or add to the list of functions.

The Minister or PHO may delegate powers, and additional duties and functions to those carrying out the functions above, and may issue guidelines, standards, or directives regarding the performance of the defined or delegated powers, duties, and functions.

Medical Health Officers

Medical Health Officers are responsible for attending to and improving the health of the population and improving public health, including working with local government, non-government agencies, and others to facilitate public health action. The MHO must advise in an independent manner, on health issues and on the need for legislation, policies and practices respecting those issues.

More specifically, the Medical Health Officers must:

1. Monitor the health of the people of a region in British Columbia and report to the public annually the information, analysis, and recommendations for action to improve health status.
2. Work with local governments in planning for and addressing public health aspects of emergencies.
3. Monitor and report on the performance of public health services in a region in BC.

Medical Health Officers may:

1. Require reports on threats to the health of the public from others.
2. Make reports in a manner that the MHO considers most appropriate.
3. Delegate a power, duty, or function. (also EHOs)
4. Monitor compliance of officials with guidelines, standards, and directives of the Minister or orders of the PHO. (also EHOs)
5. Require the production of any information related to a threat to public health from any person, organization, government department, government agency, or other entity to permit an assessment to be made of the threat.
6. Require the production of information of public health importance on an ongoing basis in the event of a risk of significant harm to the health or safety of the public or a group of people.
7. Receive information of public health importance on an ongoing basis.
8. Require the temporary reporting, as limited by regulations; of diseases, syndromes, symptoms, injuries, or other specified conditions, laboratory tests, exposures to chemical, biological, radiation, or other environmental contamination, clusters of diseases, or other environmental or other condition dangerous to public health; in a specified area or areas; specifying who, what, when and how and to whom the information must be reported.

Health authorities

Must

1. Monitor and report annually to the public on the health of the population and public health services within their Health Authority areas.
2. Develop plans and implement actions to protect and improve the health of the population.
3. Must monitor their district in order to prevent health hazards and unsanitary conditions.
4. Undertake their public health functions in accordance with the "Framework for Core Functions in Public Health" and as further required by the Minister.
5. Work with local government, non-government agencies, and others to facilitate public health action.
6. Recommend appointment of MHOs to the region or specific geographic areas.

May

7. Enter into agreements with other agencies for delivery of public health programs and employment of public health strategies.

Local Governments

(Note: This section and others that refer to "Local Government" is under active discussion with the Union of BC Municipalities and the Ministry of Community Services and will change based on the outcome of those discussions).

Application

Local government means the council of a municipality, and the board of a regional district (same definition as in the *Local Government Act*).

Local governments may establish agreements that allow one local government to act on behalf of the other parties of the agreement to carry out the powers, duties, and functions of local government under this Act.

Lieutenant Governor in Council (LGIC) may designate other public bodies as having the powers, duties, and functions of local government under this Act.

Must:

Work with public health staff, health authorities and others to monitor their district for conditions detrimental to health, develop plans, and take action to protect and improve the health of the population of their communities.

Local Government must provide for health authority involvement, review, and comment on plans that are likely to affect the delivery of health services plans shall give consideration to the comments provided.

If BC is threatened by a situation that poses a risk of significant harm to the health or safety of the public or a group of people, the LGIC may make regulations or issue directives that prescribe requirements for local government to deal with the situation.

Local Governments may:

Order that health hazards be abated by the source of the health hazard on the advice of the Medical Health Officer, or have the hazard abated by others and charge back or otherwise recover the costs from the source of the hazard.

Issue orders regarding health hazards affecting the health of their residents outside their area of jurisdiction, in consultation with the adjacent jurisdiction, and on the advice of the Provincial Health Officer.

Terminate health hazards directly at their own expense or the expense of person or organization causing health hazard.

Authorize officers, employees and agents of local government to enter on or into any property, unless a warrant is required to enter in to a private dwelling that is subject to the order to determine whether the order is being complied with.

If a local government removes a health hazard they can dispose of it however they see fit and the owner does not have a claim on the materials removed.

Recover costs as taxes.

Defray the costs of health hazard abatement in the case of poverty.

Use force and employ the assistance necessary to abate a health hazard.

If obstructed in the performance of a duty, may call for assistance from police, fire-fighters or others, who must render assistance.

May delegate powers, duties, and functions to others and enter into agreements with other parties to discharge responsibilities.

May participate in, review, and comment on population health promotion plans that affect the local or regional community.

Health Official Appointments

This section outlines the process for appointing the PHO, MHOs, and EHOs. For MHOs and EHOs, also included is are enabling sections that allow for their appointment specifically to Indian Reserves and other federal lands. The process is designed to enable MHOs and EHOs whose primary focus is First Nations to work as a team with the other MHOs and EHOs in the region, and to clarify the responsibility of MHOs and EHOs working for the Health Authority with regards to dealing with First Nations issues.

Note: As part of the appointment process, the official making the appointment must indicate in the appointment letter whether there are any limitations to the appointment.

1. A PHO must be appointed by the Minister, subject to the approval of the LGIC.
2. The Minister may appoint a PHO as a temporary replacement for a maximum of 6 months, if the PHO is incapable, resigns, or dies. May be renewed for six monthly intervals subject to inability to permanently appoint an PHO.
3. One or more Deputy PHOs must be appointed by the PHO, subject to the approval of the LGIC. The Deputy PHO functions under the direction and delegation of the PHO, and has all the responsibilities and authorities of the PHO during his/her absence.
4. Health authorities must appoint Medical Health Officers and Environmental Health Officers to attend to public health issues throughout their region.
5. Appointments may be limited to specific parts and sections of the Act, and may be varied subsequently by the appointing official.
6. MHO appointments are subject to the approval of the LGIC, upon the recommendation of the PHO.
7. The PHO, or a Health Authority subject to the approval of the PHO, may appoint an MHO as a temporary replacement for a maximum of 6 months, if an MHO is incapable, resigns, or dies. May be renewed for six monthly intervals subject to inability to permanently appoint an MHO.
8. Health authorities may appoint nominated Medical Health Officers and EHOs to their region or part of their region upon the request of the federal government, First Nations Governments or other government bodies. The MHO appointments are subject to the approval of the LGIC, and require a recommendation of the PHO.

9. MHOs and EHOs appointed under #8 have the full powers, duties, functions, responsibilities, and accountabilities of other MHOs and EHOs appointed to the region, unless limited in their appointment letter.
10. MHOs appointed to a health region are deemed to be the school medical officer for the purposes of Section 89 of the *School Act*.
11. MHO dismissals are subject to approval of the LGIC, upon the recommendation of the PHO.

Part 3 — Population Health Promotion Planning and Public Health Service Planning

Note: The Ministry of Health and health authorities are currently required to develop service plans. However, these do not specifically address the need for a plan that focuses action towards protecting and improving the health of the population – a population health promotion plan.

This part is to ensure that a population health promotion plan is developed and regularly updated. Planning requirements will be flexible enough to ensure that current ministry and health authorities planning will be part of the development of a population health plan, so as not to duplicate effort. More details on the rationale for this section may be found at <http://www.healthservices.gov.bc.ca/phact/pdf/dp2.pdf>

Minister

Must, through work of the Ministry:

1. Develop and implement annual provincial population health promotion plans and report on progress.
2. Develop and implement a public health workforce plan.
3. Review and comment on regional population health promotion plans and public health service plans.

MHOs

Must

1. Assist in the development of regional population health promotion plans.

Health authorities

Must

1. Develop regional population health promotion plans.
2. Provide for local government, First Nations, and community involvement, review, and comment on population health promotion plans and health services plans and shall give consideration to the comments provided.
3. Develop a public health workforce plan.

Local Government

May

1. Participate in, review, and comment on population health promotion plans and health services plans that affect the local or regional communities.

Part 4 —Environmental and Other Health Hazards, Radiation Protection, Non-communicable (Chronic Diseases), and Injuries**Application**

Sections in this part may also be applied to Communicable Diseases.

General

1. No person shall manufacture, produce, distribute, sell, promote, advertise, sponsor or otherwise make available any product or service that in the opinion of the Medical Health Officer does or is likely to result in a health hazard.
 - 1.1. Exemptions – Products and services that are:
 - 1.1.1. already regulated by federal or other provincial legislation, unless specified by regulation under this Act,
 - 1.1.2. in place prior to the commencement of this Act, unless otherwise specified by regulation under this Act.
2. Premises and services to which the public has access must be operated in such a manner as to prevent health hazards.
3. A person authorized to issue orders under this Act must notify an MHO as soon as possible of the orders issued.
4. Any person may voluntarily report the presence of any threat to the health of the population, including personal information, to the MHO or PHO and will not suffer adverse employment or other consequences.

MHOs (also EHOs)**May**

1. Conduct inspections to determine whether health hazards exist or whether the Act or regulations are being complied with.
2. While conducting the inspections, the MHO and/or EHO is authorized to bring in additional resources to assist in the inspection, inspect and take copies of records, require production of records or other information, inspect anything at the place, take photographs, take samples for testing, require that the place not be disturbed, question people and require that they answer, attend training programs, and exercise other powers necessary to carrying out the functions and duties.
3. Issue orders to **prevent or** abate health hazards, including but not limited to:
 - 3.1. Requiring the vacating of the place or a part of it;
 - 3.2. Declaring the place or a part of it to be unfit for human habitation;
 - 3.3. Requiring the closure of the place or a part of it;
 - 3.4. Requiring the doing of work specified in the order, in, on or about the place;
 - 3.5. Requiring the removal from the place or the vicinity of the place of anything that the order states causes a health hazard;
 - 3.6. Requiring the destruction of anything specified in the order;
 - 3.7. Prohibiting or regulating the selling, offering for sale, supplying, distributing, displaying, manufacturing, preparing, preserving, processing, packaging,

serving, storing, transporting or handling of food or thing in, on, to or from a place.

- 3.8. Protecting people from harmful exposure to ultraviolet radiation;
4. Call upon and direct police officers, fire-fighters, public health staff, other officials, or others to assist in health hazard abatement. They must provide assistance.
 5. Enter into a house or dwelling with a warrant to abate a health hazard, enforce regulations, and remove and destroy whatever is necessary for the preservation of public health. This may be done at the cost of owner/occupant.
 6. Compel people to vacate places until measures can be taken to reduce the health hazard or threat to public health
 7. Temporarily detain for identification purposes any person who refuses to provide identifying information if they are leaving or have been in a place where they may have been exposed to a health hazard.
 8. Temporarily detain a person suspected of being exposed to a health hazard who refuses to be decontaminated.
 9. Use the force and employ the assistance necessary in order to detain, disinfest, or decontaminate a person or thing that poses a health hazard, or abate a health hazard that in the opinion of the Medical Health Officer poses risk of significant harm to the health or safety of the public or a group of people.
 10. Under exigent circumstances with police assistance enter a dwelling for the purpose of apprehending a person where there are reasonable and probable grounds to believe that the delay required to obtain a warrant to enter might endanger the public's health. A court hearing must happen as soon as possible and in any event within 24 hours.
 11. Authorize a medical practitioner to examine the health of a person (MHO only).
 12. A person being examined may request a medical practitioner of the person's choice to carry out the exam, and the MHOs will comply with this request if this will not cause undo delay or be dangerous to public health. The MHO may still require that person submit to an exam by a medical practitioner designated by the MHO.
 13. Request a court order for the removal of a person who is suffering from a grave chronic illness or is residing in a premise under conditions that is creating a health hazard and it is believed that it is necessary, in the interests of the health of the person, to be removed from the premises. (MHO only)

Court Orders and Notices

1. The court may issue a warrant authorizing an MHO or EHO to enter into a dwelling or onto property to conduct an inspection, or take other action, or apprehend a person who in the opinion of an MHO/EHO is a health hazard.
2. The court may order that anyone obstructing an MHO cease the obstruction.
3. If an order is issued regarding a health hazard or a contravention of this Act on a property, and it is not likely the hazard will be resolved or the contravention corrected prior to the property changing hands, a notice of health hazard or contravention must be filed against the title of the land with the Registrar of Land Titles.

Investigations

1. If the removal or termination of any health hazard has been ordered and has not been accomplished, and **in the opinion of the MHO**, the reason is that it is difficult due to the cost or level of interference with any trade or industry, or for any other reason, **and a delay will not unduly put the public's health at risk**, the MHO may request that **the Minister** appoint a person to investigate and report on the case. If the report recommends removal or termination, the MHO may apply to the Supreme Court for an order for removal or termination.
2. The Minister may institute an investigation of alleged health hazards. If this investigation reveals that a remediable unsanitary condition or health hazard exists, the minister may direct its immediate removal or termination, or cause it to be removed or terminated.

Costs

1. All reasonable costs and expenses incurred in termination a health hazard or unsanitary condition may be recovered from the person responsible for the hazard or condition, by the local government, MHO, or person who incurred the cost. If there are multiple people responsible, a court may divide the costs between them.
2. If the responsible person is an owner of a taxable property, the MHO or local government may file to have the costs collected along with taxes.
3. Costs may also be recovered from occupiers, up to the amount of rent owed by the occupier.

Part 5 — Communicable Diseases

General Measures Regarding Communicable Diseases

1. **If MHOs act under this part they must be of the opinion, that:**
 - 1.1. **a communicable disease exists or may exist, or that there is an impending risk of an outbreak of a communicable disease; or**
 - 1.2. **the communicable disease presents a risk to the health of the population or a group of people; and**
 - 1.3. **the actions are necessary in order to decrease or eliminate the risk to health presented by the communicable disease**
2. **While voluntary compliance with measures in this section will generally be sought prior to the exercise of powers, and use of least intrusive means will be considered, situations may arise in which exercise of powers are required as a first measure to protect the health of the population.**

Powers, Duties, and Functions of MHOs and PHO

Note: Some of these will be delegated by the MHO to specific EHOs or PHNs who have been trained due the specialized nature of the functions.

Must

1. **Monitor reported communicable diseases.**
2. **Investigate communicable disease trends and the underlying causes.**
3. **Investigate, control, and report on outbreaks, including cases and outbreaks in health care and other facilities in which groups of people are housed.**

4. Work to establish health, social, and environmental programs to control and prevent communicable diseases.
5. Proceed with appropriate contact follow up, tracing, and actions (examine, test and treat) to prevent the further spread of communicable diseases.

May

6. Require the production of information, advise, investigate, or require investigation, and issue directives and take action with regards to communicable disease prevention and control programs, and outbreak responses, of any public or private body.
7. Order the collection, analysis, and retention of any laboratory specimen from any person, animal, or plant or anything the MHO specifies, and acquire previously collected specimens and test analysis from anyone, and to disclose the results of test analysis as the MHO considers appropriate for investigating and preventing the spread of communicable diseases.
8. Communicate to those who need to know (including the public) the identity and other pertinent information regarding a person who has a communicable disease if the medical health officer reasonably believes that such action is required to protect public health and that such protection cannot be achieved by any less intrusive means. Efforts must be made to inform the person whose identity the MHO plans to reveal, and they will have an opportunity to appeal the decision of the MHO, who may delay the release of the information only if such efforts and appeals will not further endanger the health of the public.
9. Issue orders to and detain classes of people. Such orders apply throughout B.C. (and Canada).
10. Order any public place closed in order to mitigate threat/spread of a communicable disease.
11. Order an owner or person in charge of a conveyance, its cargo or any other thing on the conveyance that could be the source of a communicable disease to:
 - (a) stop the conveyance
 - (b) take measures to prevent entry to or exit from the conveyance or access to it or its contents
 - (c) take the conveyance to a specified place
 - (d) disinfect, decontaminate or fumigate the conveyance or its contents
 - (e) destroy or dispose of the conveyance or its contents
 - (f) carry out any measures necessary to prevent or control the spread of a communicable disease.MHO may do (a)-(f) themselves or get someone else to do it if the owner/operator does not comply with the order, and then may charge owner/operator for taking the action.
12. Isolate or quarantine a person who has been exposed to or infected by a communicable disease and arrange for the provision of appropriate care.

Vaccinations

1. Vaccination requirements are deemed not to apply to a person who:
 - 1.1. is fully informed of the risks and potential consequences of refusing a vaccination; and
 - 1.2. makes an affidavit to the effect that the person has a medical contraindication to a vaccination or conscientiously believes that vaccination may be prejudicial to

his or her health or the health of his or her children, or for religious or other conscientious reasons objects to vaccination; and

1.3. delivers the affidavit to the MHO.

2. If a person refuses to submit to the vaccination requirement, an MHO may choose to treat the person as if he or she were infected with the disease and isolate or quarantine that person, or the MHO may seek a court order requiring compliance.
3. An MHO may require the provision of records as proof of vaccination. Lack of records may be deemed to indicate susceptibility to a communicable disease.

Quarantine and Isolation

1. MHOs must develop plans for quarantine and isolation to ensure that those quarantined or isolated have timely and adequate information, and the support necessary to encourage and enable them to comply with quarantine.
2. MHOs may quarantine or isolate a person who has been exposed to or infected by a communicable disease and arrange for the provision of appropriate care.
3. MHOs must attempt to provide access to an interpreter if necessary and taking time to get an interpreter will not threaten the health of the public
4. MHOs must inform the individual of their right to review before proceeding with an order to detain, examine, treat, etc.
5. MHOs may order that a person:
 - 5.1. comply with reasonable conditions the MHO considers necessary for preventing the exposure of other persons to the communicable disease
 - 5.2. be detained in an appropriate facility
 - 5.3. undergo medical examination, including diagnostic tests
 - 5.4. take or continue medical treatment
6. MHOs may order conditions to ensure that no other person enters the dwelling or building where a person is being detained.
7. MHOs may delegate some or all of these powers to a physician.

Detention

1. The health status of a detained individual must be monitored regularly (such as undergo medical exam at least once every 7 days after being detained) to determine if they continue to require detention.
2. The PHO may review any detention decision, and may order release or further detention if the PHO believes it proper.
3. Detention must be terminated when it is determined that the risk an individual poses of transmitting a communicable disease to others no longer exists and it is not likely that the person will become a risk shortly after release (for example – by stopping treatment).
4. The needs of individuals who are detained must be reasonably addressed including, but not limited to, the provision of adequate food, clothing, shelter, means of communication, and adequate medical care.

Powers regarding a person at high risk of transmitting communicable diseases

1. If an MHO has reasonable grounds to believe that person is infected with a communicable disease, and the person is likely to willfully, carelessly, because of mental incompetence, or for other reasons expose others to the disease, the MHO may order the person to:

- 1.1. comply with conditions to prevent transmission;
- 1.2. undergo a medical exam by a physician designated by the MHO;
- 1.3. permit the collection of specimens;
- 1.4. have X-rays and other tests taken;
- 1.5. undergo treatment;
- 1.6. place themselves into isolation or quarantine
2. An MHO may charge a person with contravening an Order made under this section only with the prior approval of the PHO.
3. Upon a finding that a person has contravened an order, the Court may order the person to comply with the order, or may order the person detained until no longer a risk, for no more than one year.
4. Application may be made to the court by the MHO to extend the detention.
5. Parent's/guardians of people to whom orders are issued in relation to a person under their care who is not competent to make decisions about the order will ensure to the best of their ability that orders are complied with.
6. The results of any examination, test or interpretation made for the purposes of this section shall not be disclosed to anyone other than an MHO, EHO, a public health nurse, PHO physician, or court without the consent of the person.
7. Test results obtained under this section cannot be used in any subsequent court proceedings against that person except for proceedings regarding further public health protection measures as deemed necessary by the MHO.

Costs

1. The Minister or health agency must not charge for any drug, medicine, vaccination, appliance or instruments the minister or MHO has ordered for the diagnosis, treatment, cure or the prevention of communicable diseases in an individual that threaten the health of the public.
2. Regulations may be made to allow for appropriations to compensate individuals who have been required to submit to compulsory vaccination, compulsory treatment, isolation, or quarantine for their lost employment wages and other losses. Such appropriations may also be used to provide care and assistance to relatives dependent on those who have been quarantined.
3. Regulations may be made to protect people from employment sanctions as a consequence of having to comply with a required public measure to deal with a communicable disease or exposure.

Dead Bodies and Body Parts

1. No person shall exhume, disinter, handle, accept, remove, or transport a dead body or body parts or conduct a funeral unless such actions will not in the opinion of the MHO create a health hazard.

Communicable Diseases that Warrant Special Measures

These would be specified by regulation (e.g. tuberculosis, small pox, polio, measles, syphilis, gonorrhoea, chancroid, granuloma inguinale, lymphogranuloma venereum, Chlamydia, bioterrorism agents, unknown but potentially dangerous pathogens)

Note: This part allows for additional powers to deal with diseases that require additional measures. Such disease may have one or more of the following characteristics that warrant special measures. For example, they may be very serious; have been targeted for elimination or eradication; have effective preventive or treatment measures available that if employed, would reduce the spread of the disease to the rest of the population; are stigmatizing such that people avoid evaluation and treatment; have expectations that people with the disease will behave in certain manners; warrant contact tracing; warrant treatment of contacts to prevent them from developing disease; warrant measures to seek out cases to prevent ongoing spread; warrant mandatory treatment; may result in anger and aggression towards providers who become involved; and warrant additional legal and other protections for providers. This part is based on the *Venereal Disease Act* but is proposed to be more generic to allow it to be applied to other diseases that require similar measures.

Application

Nothing in this section precludes taking action under another section of this Act or regulations. Sections of this part may only be used for the diseases specified by regulation for this part.

MHO

1. If a MHO believes on reasonable grounds that a person is or may be infected by a disease specified by regulation for which this section applies, or is or believed to be a source or contact of an infected person, the MHO may order him / her to submit to a medical examination and, the doctor must send a report back to the MHO as to whether the patient is infected, even if unsupported by lab results.
2. If the report states the person is infected, the MHO may outline the appropriate course of conduct and require the patient to give evidence of compliance with treatment.
3. An MHO who believes that someone is or may be infected may order one or more examinations to determine whether he / she is infected or the effectiveness of treatment.
4. If a person under an arrest or in custody is infected with a specified disease, the MHO may order that the person undergo treatment, isolation, and take other measures to prevent spread of infection.

Medical Practitioner

1. If a doctor in charge of a place of detention believes that a person under his charge is or may be infected with a specified disease, he/ she must order any necessary examination to determine whether or not the person is infected.
2. If a MHO believes that a person under arrest or in custody, is or may be infected with a specified disease, the MHO may order any examination necessary to determine whether the person is infected, and order that the person remain in custody until the results are known.
3. **If a physician has information about the contacts of a specified communicable disease, that information must be provided to the MHO.**

Minister

1. Must provide for the examination and treatment of a persons suffering or believed to be suffering from a specified disease including hospitalization.
2. Must provide for the laboratory examinations necessary for the diagnosis or control of specified diseases.
3. May distribute any medical equipment and/or drugs that he / she thinks is necessary for the treatment of specified diseases.

Local responsibility

1. Follow up of cases of specified diseases is the responsibility of the health authority in which the person resides.

Records, Reporting, and Privacy

1. Doctors and persons in charge of a place of detention must maintain a record and report his/ her client by name and name of the specified disease.
2. A person administering this Act must preserve confidentiality and must not communicate information to another person except as authorized by this Act.
3. A person who fails his / her confidentiality duties must be disciplined which may include forfeiting his / her office or be dismissed.
4. In a civil action, a person is not compelled to give evidence for knowledge gained in the administration of this Act.
5. A person must not give laboratory results, which are part of an examination to determine the presence of a specified disease to anyone other than a doctor or someone administering this Act.

Treatment (note: these duties will likely be delegated to a public health nurse)

1. A person who knows or suspects that they been infected with a diseases specified for this part must see a doctor immediately.
2. If an infected person is unable to see a doctor, they must report to an MHO, who must arrange for treatment.
3. An infected person must not expose others to infection truthfully answer questions, provide the names of contacts and other relevant information to the MHO and must take adequate treatment.
4. If an infected person fails to take adequate treatment, the doctor must report to the MHO the name and address of that person and any other information required by regulation.
5. If an infected person misses his / her doctor's appointment by 7 days, he / she is presumed to have failed adequate treatment and the doctor must report him within 10 days from the date of his original appointment.

Information, Summons, Warrant, Inquiry, and Detention

1. A MHO may lay a charge that a person has failed to follow an order of a MHO, or that a person is infected with a specified disease and is unwilling to conduct themselves in a manner that does not expose others to infection, or neglects to take or continue adequate treatment.
2. On receiving the complaint, a justice must hear the MHO and must issue a summons requiring the person to appear before the justice if the justice believes that a case is made out. The appearance may be conducted by video conference or other remote means so as not to expose the court to the disease.
3. If a summons cannot be served or if a person does not appear, the justice must issue a warrant.
4. A certificate or laboratory report made in a lab approved by the Minister is evidence.
5. A justice may detain a person for up to one year if the justice finds the person is infected with a specified disease and is unwilling to conduct themselves in a manner that does not expose others to infection, or neglects to take adequate treatment.

Liability of medical practitioner

1. A report under this section that a person is or is suspected to be suffering from a specified disease
 - a. does not render the doctor liable to action,
 - b. is not admissible as evidence against the doctor,
 - c. cannot be made a ground for civil or criminal action against the doctor.
2. All reports under this section are privileged and exempt from civil action.

Offence and penalty

1. A person who does the following commits an offence:
 - a. willfully neglects or disobeys an order of the MHO or the Minister;
 - b. obstructs a person from performing duties under this Act;
 - c. discloses contrary to this Act or the regulations;
 - d. fails to comply with this Act or the regulations.
2. A person, without a reasonable excuse, who does not comply with direction of the MHO commits an offence and is liable to imprisonment between 7 days to 12 months.

Prosecutions

1. The Offence Act applies to prosecutions under this section or the regulations.
2. Despite being charged under the Offence Act, the recovery of penalties and proceedings must be done in private.
3. Information about a proceeding under this section must be kept private unless otherwise stated in this Act or the regulations.

Regulations may be made:

- a. prescribing the manner of reporting.
- b. prescribing the course of conduct for persons with specified diseases.
- c. for distributing information regarding treatment.
- d. prescribing when a person suffering from a specified disease is free from danger of infecting others
- e. for preventing the spread of infection
- f. for providing public information regarding prevention and treatment
- g. imposing penalties for contravention of the Act and regulation.
- h. regarding literature to be distributed.
- i. generally for the carrying out of this Act for the prevention, treatment and cure of specified diseases.
- j. other regulations as made under the general regulations section may also be applied to the diseases specified under this section.

Part 6 — Public Health Threats and Emergencies**Minister**

May

1. Establish requirements for the development of plans and implementation of programs to prevent or respond to events that pose risk of significant harm to the health or safety of the public or a group of people.
2. May require the development of plans and programs by health authorities, local government, ministries, government corporations and agencies, and others to remedy, alleviate or meet events that pose risk of significant harm to the health or safety of the public or a group of people.

In the event of a situation that poses risk of significant harm to the health or safety of the public or a group of people the Minister may:

1. Mobilize the resources of any provincial or local government agency which the Minister considers necessary to respond to the situation.
2. Authorize the temporary licensing of classes of health care workers who are qualified but not licensed both from within BC or from outside BC, and provide for indemnity for those workers.

Prevention, Investigation and Response to a Public Health Threat or Emergency

1. If British Columbia, or any part of it or place in it, is or appears to be threatened by an event that poses risk of significant harm to the health or safety of the public or a group of people, Medical Health Officers, local government, health authorities, the Provincial Health Officer, and the Minister may make investigations and take the following actions, or the Lieutenant Governor in Council make regulations they believe necessary for the prevention, treatment, mitigation and suppression of disease, under this part or any other part of this act. The following and other actions are to be taken in a coordinated manner so as to avoid overlapping or conflicting actions by different officials or agencies. Joint emergency planning in anticipation of public health threats or emergencies is required to prevent overlapping and conflicting actions:

- 1.1. obtaining information, and conducting inspections and tests necessary to assess the degree of threat posed to the population
 - 1.2. undertaking any communications necessary to deal with the threat, and prevent the impact on the health of the public
 - 1.3. any necessary disinfection or decontamination to protect public health
 - 1.4. mandatory vaccination of individuals or groups of people (by order of the MHO or PHO), or the entire population (by LGIC regulation)
 - 1.5. the removal of health hazards;
 - 1.6. prohibiting entry into any area or place, provide for conditions of entry, or evacuate persons from any area or place;
 - 1.7. restricting the entry or departure of conveyances to or from British Columbia, and the landing of passengers or cargo from the conveyances, and the receiving of passengers or cargo on board of them;
 - 1.8. the safe and speedy interment of the dead and the conduct of funerals, with a view to preventing health hazards;
 - 1.9. the supplying of medical aid and accommodation and medicine and other articles considered necessary for mitigating disease;
 - 1.10. house to house visitation;
 - 1.11. the inspection of public and private places and conveyances, and the disinfecting and decontaminating of them, and anything contained in them, detaining of as long as necessary, and any person traveling by them;
 - 1.12. preventing the departure of persons from localities in which diseases that pose a significant and imminent public health threat are occurring, and for preventing persons or conveyances from passing from one locality to another, and for detaining persons or conveyances that have been exposed to the disease, for inspection or disinfection, until the danger of infection is past;
 - 1.13. appointing individuals deemed qualified to assist and carry out the necessary public health actions
 - 1.14. the removal or keeping under surveillance of persons living in localities with diseases that pose a significant and imminent public health threat
 - 1.15. postpone a local or provincial election (LGIC only)
 - 1.16. preventing or mitigating diseases that poses risk of significant harm to the health or safety of the public or a group of people in any other manner that the Medical Health Officers, local government, health authorities, the Provincial Health Officer, the Minister or Lieutenant Governor in Council considers expedient.
2. The Minister may take temporary possession of premises in order to deal with an event that poses risk of significant harm to the health or safety of the public or a group of people. The owner or occupier is entitled to compensation from the province.
 - 2.1. The BC Supreme Court may order compliance with a Ministerial Order under this section.
 3. Health authorities may be required by the Minister to establish temporary hospitals to deal with an event that poses risk of significant harm to the health or safety of the public or a group of people.

Part 7 —Enforcement, Penalties, Liabilities, and Appeals

1. MHOs and EHOs may use the force and employ the assistance necessary in order to detain, disinfest, or decontaminate a person, place, or conveyance that poses a health hazard, or abate a health hazard in the environment.

2. MHOs may call to their assistance any police, firefighter or other person he or she thinks fit to assist with the above, and every police, firefighter or person called on must render assistance.
3. Someone who has been adversely affected by a violation of this Act may charge and prosecute the person who is adversely affecting them.

Offences

1. Obstruction of health officials, local government, and health authorities representatives from entering and inspecting premises or anything in the premises.
2. Obstruction of health officials, local government, and health authorities in the performance of their duties
3. Contravening the Act, the regulations, and any order, directive, or permit under the Act.
4. Failure to abate a health hazard after conviction of an offense.
5. Failure to disclose requested information to a Medical Health Officer or Provincial Health Officer related to the manufacture, production, distribution, sale, promotion, advertisement, sponsorship, or otherwise making available of any product or service that does or is likely to result in a health hazard (that has not been exempted due to being regulated by federal or other provincial legislation).

Liability

1. A person or organization that knowingly manufactures, produces, distributes, sells, promotes, advertises, sponsors or otherwise makes available any product or service that does or is likely to result in a health hazard may be liable for the health care costs that result from the health hazard.

Injunctions

1. Minister, Provincial Health Officer, Medical Health Officers, health authorities, local government may seek injunctive relief from the Supreme Court to deal with contraventions of act, regulations, orders, directives.

Service of Documents

1. May be done in person, by registered mail, or published in a newspaper if the person cannot be located and will be deemed to have been served a specified time after sending.

Penalties

1. Non-continuing offence – fine of not more than \$200,000 or imprisonment for not longer than 12 months year, or both.
2. Continuing offence - fine of not more than \$200,000 for each day the offence is continued, or imprisonment for not longer than 12 months, or both.
3. In addition to any punishment imposed, the court may, make an order containing one or more of the following:

- 3.1. prohibiting the person from doing any act or engaging in any activity that may result in continuation of the offence
- 3.2. directing the person to take any action the court considers appropriate to remedy or avoid any harm
- 3.3. directing the person to pay an amount of money as compensation to any person
- 3.4. directing the person to perform community service;
- 3.5. directing the person to post a bond or pay into court an amount of money
- 3.6. directing the person to submit any information respecting the activities of the person
- 3.7. directing the person to publish the facts relating to the commission of the offence;
- 3.8. Minister may publish the facts relating to the commission of the offence and recover the costs
- 3.9. requiring the person to comply with any other conditions
- 3.10. compensation and interest may be recovered in a court

Appeals

1. Orders may be appealed within 10 days to the Supreme Court.
2. Orders are in force pending decision of an appeal.
3. Other mechanisms for reconsideration and review of decisions may be provided.

Part 8 — Information and Privacy

Note: This Act will be developed to meet modern tests of confidentiality and information disclosure, will undergo a Privacy Impact Assessment, and the Freedom of Information and Privacy Commissioner will be requested to comment on the proposals.

1. The collection, use, and disclosure of a person's personal health information obtained under this Act will be protected in accordance with privacy legislation, and sharing of such information will be only be permitted on a "need to know" basis in the interest of protecting the health of the public or for other reasons only as authorized by legislation.
2. The PHO or MHO may request information for protecting and improving the health of the public, and such a request will be complied with, respecting privacy rights
3. The PHO or MHO may communicate such information to others on a need to know basis as necessary to protect the health of the population, respecting privacy rights.
4. The PHO or MHO may communicate the information to appropriate health authorities outside BC to protect the health of those populations, respecting privacy rights

Part 9 – Immunities

1. Public health officials and others who are exercising their powers or performing their duties and functions as authorized in this Act in good faith shall not be dismissed or

suffer other adverse employment or other sanctions unless allowed for in a particular section.

2. No action for damages lies or may be brought against the Minister, public health officials, local government, and health authorities because of anything done or omitted in good faith
 - 2.1. in the performance or purported performance of any duty under this Act, or
 - 2.2. in the exercise or purported exercise of any power under this Act.
 - 2.3. This does not absolve the government from vicarious liability for an act or omission for which it would be vicariously liable if this section were not in force.
3. The Minister, provincial health officer, medical health officer, local government, and health authorities must not give or be compelled to give evidence in a court or in proceedings of a judicial nature concerning knowledge gained in the exercise of a power or duty under this Act.
4. No person is liable for any loss, cost, expense, damage or injury to person or property that results from
 - 4.1. the person in good faith doing or omitting to do any act that the person is appointed, authorized or required or believes they are required to do under this Act or the regulations, unless, in doing or omitting to do the act, the person was grossly negligent, or
 - 4.2. any acts done or omitted to be done by one or more of the persons who were, under this Act or the regulations, appointed, authorized or required by the person to do the acts, unless in appointing, authorizing or requiring those persons to do the acts, the person was not acting in good faith.

Liability and protections of records

1. A report of a medical practitioner or of an agent of the Minister given under this Act, in good faith and without negligence, that a person is suffering from a disease or is suspected of having or having been exposed to a disease or environmental toxin or other agent
 - 1.1. does not render the medical practitioner or agent liable to action,
 - 1.2. is not admissible in evidence in proceedings against the medical practitioner or agent, and
 - 1.3. cannot be made the ground of any prosecution, action or suit against the medical practitioner or agent.
2. All records, reports and certificates made or kept under this Act are absolutely privileged and exempt from production on subpoena issued in a court in a civil or criminal action.

Public health services not assault

1. A physical examination, extraction of a specimen, inoculation, vaccination, or medical treatment administered in compliance with this act, or in compliance with an order or directive, whether that person consents or not, and whether that person is an adult or minor, does not constitute an assault against that person.

Part 10 — Regulations

Regulations may be made for:

1. Definitions

- 1.1. Defining terms used in the act or regulations

2. Powers, Duties, and Functions

- 2.1. The screening for, prevention, and treatment of diseases, disabilities, and injuries to protect the health of the public;
- 2.2. The exercise of powers, duties functions, and jurisdiction of the Provincial Health Officer, Medical Health Officers, Environmental Health Officers, local government, and health authorities.
- 2.3. The reporting of issuance of orders.
- 2.4. Surveillance systems for monitoring deaths, diseases, injuries, disabilities, risk factors, or other issues of public health importance;
- 2.5. Reporting information on deaths, diseases, syndromes, symptoms, injuries, poisonings, organisms, laboratory tests, exposures to chemical, biological, radiation, or other environmental contamination, clusters of diseases, events or suspicion of events of public health concern, indicators/risk factors, susceptibility for disease, production and sale of products of public health concern, health service provision, and emerging issues or other conditions that may threaten the health of the public;
- 2.6. The distribution and posting of notices or publication of information to notify the public of health hazards.
- 2.7. Organization and functions of agencies responsible for public health services;
- 2.8. Training, qualifications, and continuing education of public health officials;
- 2.9. The adoption of a publication, such as best practices, guidelines, by reference;
- 2.10. The delegation of powers, duties, and functions;
- 2.11. The provision of exemptions from the requirements of the regulations or Act, as long as this causes no increased risk to public health and safety;
- 2.12. Defining the core functions of public health required to be undertaken by a health agency;
- 2.13. Enable the creation of organizations and prescribing the functions that those organizations or specified positions in those organizations must perform on behalf of the Minister, Provincial Health Officer, or Medical Health Officers.
- 2.14. Generally all matters, acts and things necessary for the protection of public health and for ensuring the full and complete enforcement of this Act;
- 2.15. The imposition, levy and recovery of fees and charges
- 2.16. Compensation for persons affected by actions to protect the health of the public by the government, Minister, Provincial Health Officer, Medical Health Officers, local government, and health authorities;

3. Planning

- 3.11. Requirements of processes and content for population health promotion plans.

4. Health Hazards

- 4.1. The prevention and abatement of health hazards.

- 4.2. The manufacture, production, distribution, selling, promotion, advertising, labeling or otherwise making available any product or service that does or is likely to result in a health hazard.
- 4.3. Labeling and advertising of products and services that may result in a health hazard.
- 4.4. Testing of products for potential health effects and disclosure of results.
- 4.5. Availability of products in public institutions.
- 4.6. The provision of funds by any person, public body, or private corporation to others that may increase the sales of a product or service that may result in a health hazard.
- 4.7. The development of provincial or local government plans and implementation of policy changes, programs, services or other measures that are likely to adversely affect the health of the public to reduce the risk to public health from the proposed action
- 4.8. The inspection, cleansing, disinfecting, taking temporary possession of and detention of buildings and public conveyances, by the owners and occupiers and persons having care of them;
- 4.9. The maintenance and improvement of indoor and outdoor air quality that impacts health;
- 4.10. The method of the carrying on businesses that are likely to create a health hazard, and the summary abatement or termination of any health hazard or injury to the public health arising or liable to arise from them;
- 4.11. The construction and operation of industrial camps for the protection of the health of the workers and the public;
- 4.12. The provision, location, design, installation, construction, operation and maintenance of septic tanks, sewage disposal systems, drains, sewerage systems, privies, and toilets and urinals;
- 4.13. Inspections, tests, analyses, examinations and samplings that may be required to be performed to ensure the maintenance of environmental health standards
- 4.14. Issuance of permits, licenses, consents and approvals, and in respect of any consultations, reviews of plans, filing fees, including delegating permit-granting authority;
- 4.15. The protection of people from harmful exposure to ultraviolet or other radiation;
- 4.16. The approval of plans, inspection, regulation of operation, permitting and control of public and private premises and services to prevent health hazards (e.g. commercial, residential, or industrial premises; public or commercially operated swimming pools; commercial campsites; manufactured home or trailer parks; sun tanning facilities;

5. Communicable Diseases

- 5.1. Establishing immunization standards.
- 5.2. Requiring the offering of vaccinations and requiring documentation of key aspects of vaccination programs. Vaccination, including reporting to an MHO of the vaccinations and adverse events, requirements for vaccination, supply and quality of vaccines, and the collection and reporting of statistical data;
- 5.3. Reporting communicable diseases
- 5.4. Prescribing communicable diseases that warrant special measures.
- 5.5. Establishing communicable disease prevention and control practices.

- 5.6. Regulation of laboratories working with particularly dangerous organisms, including making reports on such work to the Provincial Health Officer.
- 5.7. Preventing communicable disease transmission in personal services establishments
- 5.8. The detention in any building provided for of a person having or exposed to a communicable disease;
- 5.9. The disinterment, handling, acceptance, removal, or transportation of a dead body or body parts and the conduct of funerals;
- 5.10. Inspection and decontamination of rooms occupied by persons suffering from a communicable disease, and requirements for medical attendance;
- 5.11. Reports by MHOs of cases and outbreaks reported to them, and requirements of MHOs to report cases and outbreaks;
- 5.12. The compulsory examination, testing and treatment of a person who the MHO believes may be infected by, or has been or may have been exposed to, a communicable disease in an infectious state;
- 5.13. Implementation of isolation and quarantine measures.
- 5.14. For routine blood tests by practicing physicians of all pregnant women immediately on their coming under care;
- 5.15. The prophylactic treatment of a baby's eyes at birth;
- 5.16. Details respecting detentions of conveyances or of persons under orders for the control of communicable disease; and
- 5.17. Details respecting postponement of any public gathering in the interests of preventing communicable diseases;

6. Public Health Emergencies

Regulation making authority is found in that section.

7. Enforcement

- 7.1. Penalties for the violation of any rule, order or regulation made under this Act;

8. Information and Privacy

- 8.1. Registries related regulations.

9. Immunities

- 9.1. The protections of those implementing this act or its regulations from liability employment sanctions, and prosecution.