

FINLAY MINERALS LTD.

COVID-19 Pandemic Protocols

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9/9/20

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1. Introduction

Finlay Minerals Ltd. (or “Finlay”) is committed to providing a safe and healthy work environment for all its employees. All employees are required to follow COVID-19 infection prevention guidance and directives as updated by federal, regional, and provincial authorities in respect to general and site-specific protocols. Finlay employees will adhere to the following guidelines, or those set out by the Client.

Employees will be provided with a copy of this document prior to traveling to a work site. In addition, on-site training, and documentation of training will be provided on the first day of work and on a regular basis after that. This training will be conducted or overseen by a designated infection prevention and control coordinator and will include safety measures and procedures, physical distancing, proper hygiene practices, and monitoring and reporting illness.

2. Travel to Site

Prior to traveling, all employees must do a self-evaluation which should include:

(<https://bc.thrive.health/covid19/en>)

Symptoms of Covid-19 may include but are not limited to:

- Cough and/or sneezing
- Fever
- Sore throat
- Difficulty breathing
- Muscle aches
- Fatigue
- Headache
- Loss of appetite
- Chills
- Runny nose
- Nausea and vomiting
- Diarrhea
- Loss of sense of smell or taste

IF YOU ARE EXPERIENCING ANY OF THESE SYMPTOMS DO NOT COME TO WORK AND LET THE COORDINATOR KNOW IMMEDIATELY

2.1. Vehicular Travel

Employees will be assigned a work unit or pod of no more than 5 people to minimize contact with others in situations where social distancing is not possible. To reduce contact employees will:

- Where possible limit a single driver in a conventional truck (i.e., single cab)
- Maintain airflow in the cab by opening windows or using the air-conditioning system to introduce outside air
- Avoid recirculating air
- Wash hands thoroughly before and after travel
- High touch areas will be disinfected using an alcohol-based cleaner or disinfecting wipes/sprays and paper towel. Key contact points are:
 - Door handles (inside and out)
 - Window buttons
 - Steering wheel and controls
 - Wiper and turn signal handle
 - Shifter
 - Dash controls and buttons
 - Ventilation grilles and knobs
 - Rear-view mirror
 - Armrests
 - Grab handles, seat adjusters
 - Seat belt buckle
 - Radio and communication devices

If employees are traveling in a third-party vehicle, such as a helicopter, employees will observe the protocols as dictated by the operator.

2.2. Stopovers

COVID-19 is an easily transmitted disease so extra care must be taken to protect everyone from infection.

When travel observe the following:

- Avoid areas where you are unable to achieve social distancing
- When refueling a vehicle, use a barrier between your hands and all touch points
- Disinfect payment card after use
- Use hand sanitizer or wash your hands with soap and water immediately after refueling
- Avoid high touch surfaces such as door handles
- Avoid touching your face
- When stopping for food look for locations that are practicing social distancing and safe food preparation/handling practices
- Utilize curbside pick up for groceries and other field supplies. If this is not possible, designate one person per group to shop

3. Camp Facilities

Industrial camps or work camps are places where people are employed and accommodated on site. Protocols cannot address all the circumstances that may put an employee, contractor, or client at risk of contracting COVID-19, however steps can help prevent and reduce the spread of COVID-19.

All camps will have a dedicated coordinator who will oversee the implementation and maintenance of COVID-19 protocols. The coordinator will post signage promoting physical distance as well as signs encouraging hand hygiene.

3.1. Employee Education

Site specific protocols will be discussed and documented. Employees will be briefed on hygiene practices, location of hygiene stations and educated on measures to prevent infection and transmission. These include:

- Maintaining a safe social distance of at least 2m when possible
- Handwashing stations with soap and water for employees in the camp
- Soap and water hand-washing stations will be supplemented with waterless hand sanitizers with a minimum 60% alcohol where appropriate
- Employee will be provided with hand sanitizer for personal use in the field
- Sanitizing hands periodically throughout the day and especially before and after food or snack breaks
- Sanitizing hands before entering a vehicle, including helicopters
- When physical distancing is not possible, having the option of wearing a nonsurgical mask to reduce the spread of airborne droplets

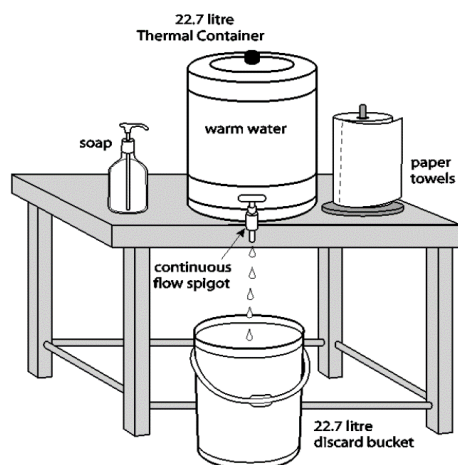


Figure 1: Suggested handwashing station - source *Guidelines for Silviculture worker Camps During the COVID-19 Pandemic* April 22, 2020

3.2. Accommodations

Shared accommodations will be arranged in such a fashion that beds are at least 2m apart and head-to-toe where possible. If beds cannot be at least 2m apart, the use of temporary barriers between beds, such as curtains, to prevent droplet spread while sleeping, will be used. Any high touch areas should be cleaned regularly.

3.3. Food handling

As food handling and preparation represents a potential transmission point of COVID-19 all employees must wash their hands immediately prior to undertaking food preparation or prior to meals. In addition:

- Do not share food
- Do not share unwashed plates, cups, or utensils
- Disposable dishware is NOT required for COVID-19

When cleaning, a disinfectant that has a Drug Identification Number (DIN) and that it is effective against viruses will be used. If such products are unavailable a bleach and water solution with 500 parts per million chlorine solution: 1:100 [e.g. mix 10 ml household bleach (5.25%) with 990 ml water] can be used. When using the bleach and water solution, the surface must remain wet for at least one minute. For more information, please see the BCCDC guidance on cleaning and disinfecting for Public Settings in Appendix B.

3.4. Tools and Equipment

Where possible, each employee should be supplied with, or supply their own tools for use in the field. When this is not possible employees will:

- Receive training on cleaning tools
- Wiped down and clean tools with a disinfecting agent such as disposable wipes or a diluted bleach solution (while wearing rubber gloves) at the end of each shift in a well-ventilated area
- Not share PPE with other employees – this equipment will be labeled with the name of the employee and will be their responsibility to keep track of

Employees who wear gloves as hand protection during work may share tools and equipment without disinfecting the tools between each user and must continue to clean and wash hands to break the chain of infection. Work gloves may have droplets on them and could transmit infection to another worker. Gloves must be labeled to ensure each pair remains with one employee.

4. Monitoring for Illness

While at work, employees must monitor their symptoms daily for common cold or influenza like illness or symptoms compatible with COVID-19 and **must notify the coordinator immediately** if they exhibit such symptoms. If an employee becomes ill with COVID-19 like symptoms they will be provided access to support

for COVID-19 (i.e. 8-1-1) and local Medical Health Officers will be notified by the coordinator. Appropriate next steps (i.e. leave the work site and self isolate or isolate while on site) will be taken with advice from local health authorities, do not travel to local health care facilities until the coordinator and the Health Officers provide direction.

The symptoms, list of contacts, and timeline will be documented by the Covid19 Coordinator.

4.1. First Nations and First Nations Health Centres

Indigenous populations face heightened health risks due to lower health outcomes compared with non-Indigenous Canadians. First Nations, Métis, and Inuit populations disproportionately face health disparities linked to the social determinants of health (i.e. social, economic, cultural, political inequities). As such, all employees must respect any precautions being taken to avoid carrying this virus into First Nations communities.

When travelling to or established near a First Nations community, employees must connect with regional health authorities to be advised of any current precautions being taken in the region.

BC Centre for Disease Control and Ministry of Health recommended that individuals employed in remote areas do not seek medical care from a local First Nations health center as there are inadequate resources to sustain an influx of external cases.

If an employee who is symptomatic wishes to return to their home in a First Nation community, the First Nation health center should be notified to determine that sufficient resources are in place to support isolation of the individual on arrival.

Revisions

Revision #	Revision By	Revision Date	Comments
0	Katie Dodd	May 21, 2020	Document Created
1	Darcy Vis	9/9/2020	Updated to current standards

References

Protecting Workers, Contractors, and Employers Working in the Natural Resource Sector During the COVID-19 Pandemic May 13, 2020

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-natural-resource-sector-work-camps.pdf>

Protecting Employees, Contractors, and Employers Working in the Silviculture Sector During the COVID-19 Pandemic April 22, 2020

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-work-camps-silviculture.pdf>

Protecting Workers at Large Industrial Camps During the COVID-19 Pandemic April 28, 2020

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-large-industrial-work-camps.pdf>

Protecting BC farmers and farm workers during the COVID-19 pandemic

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-farms-farm-workers.pdf>

BC COVID-19 Symptom Self-Assessment Tool

<https://bc.thrive.health/covid19/en>

Appendix A

Provincial Health Order – Industrial Camps – April 23, 2020



DELEGATION BY THE PROVINCIAL HEALTH OFFICER

(Under section 69 of the *Public Health Act*, S.B.C. 2008, c. 28)

Provincial Infection Prevention and Control Officers

WHEREAS:

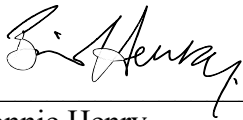
- A. There are outbreaks of COVID-19 in many parts of the world and on March 11, 2020 the World Health Organization declared COVID-19 to be a pandemic;
- B. On March 17, 2020 I provided notice under section 52 (2) of the *Public Health Act* that the transmission of the infectious agent SARS-CoV-2, which has caused cases and outbreaks of a serious illness 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*;
- C. A person who is infected with SARS-CoV-2 can infect other people with whom the infected persons is living in congregate accommodation, being transported in a vehicle or working at a worksite;
- D. On April 22, 2020 I made a Class Order with respect to *Industrial Camps* (the “Order”).
- E. The Province has identified to me classes of persons, described in Appendix A, who have the necessary knowledge, skill and abilities to carry out the powers and duties set out in this delegation (the “Class”).

THEREFORE, having authority under section 69 of the *Public Health Act* to delegate powers and duties under the Act, I, Bonnie Henry, Provincial Health Officer, delegate my authority under the following provisions of the *Public Health Act* to all persons in the Class for the purpose of enforcing the Order:

- 1. under section 24 (1) (b) to require the person to produce relevant records;
- 2. under section 24 (1) (e), to require a person to demonstrate a relevant skill, or operate a thing or carry out a procedure as directed;
- 3. under section 24 (1) (f) to make records in respect of a person;
- 4. under section 24 (1) (i), to question a person whom the delegate reasonably believes to have relevant information;
- 5. under section 25 to conduct an inspection;
- 6. under section 54(1) (k), to collect, use or disclose information, including personal information.
- 7. under section 90 (1) to call on the assistance of a peace officer for the purposes of taking an action for the purpose of carrying out an inspection or enforcing the Order.

I make this delegation subject to the following conditions:

1. This delegation is effective on June 9, 2020 and rescinds and replaces my delegation of April 23, 2020.
2. This delegation ends when rescinded by me.
3. The power to require a person to demonstrate a relevant skill or carry out a procedure is limited to requiring an employer of a worker (an “employer”) who provides accommodation to a worker, to demonstrate that the employer has the skill, ability and resources to develop and implement a COVID- 19 infection prevention and control protocol (“the Protocol”) for the purpose of protecting workers from the risk of the transmission of infection at their place of accommodation, while being transported and at their worksite.
4. The power to question a person whom the delegate reasonably believes to have relevant information is limited to questioning an employer, their staff, a co-ordinator and workers for the purpose of determining whether the employer is implementing or will be able to implement the Protocol, and whether the employer, co-ordinator and workers are complying with the Order.
5. The power to inspect is limited to the inspection of accommodation at which workers will be, or are living, vehicles in which workers will be, or are being, transported and of worksites at which workers will be, or are working, for the purpose of determining whether the employer will be able to implement, or is implementing, the Protocol and whether the employer, co-ordinator and workers are complying with the Order.



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

June 9, 2020

Date

APPENDIX A**PROVINCIAL INFECTION PREVENTION AND CONTROL OFFICERS**

The following persons for the purpose of enforcing the Order:

1. A person appointed as a park ranger under s.4(2) of the Park Act;
 2. A person designated a member of the Conservation Officer Service under s.106(3)(b)(i) of the Environmental Management Act;
 3. A person designated as a natural resource officer under s. 2 of the Natural Resource Compliance Act;
 4. A person employed by the Ministry of Transportation and Infrastructure as a Carrier Safety Inspector, a Commercial Transport Inspector, a Dangerous Goods Inspector, or a Motor Vehicle Inspector;
 5. A person employed by the Ministry of Agriculture as a Regional Agrologist, Meat Hygiene and Agri-Food Inspector, Agri-Food Inspection Supervisor, Fisheries Inspector.
 6. A person employed by the Ministry of Forests, Lands Natural Resource Operations and Rural Development
 7. A person employed by the Ministry of Energy, Mines and Petroleum Resources.
 8. A person employed in the B. C. public service.
 9. A person employed by the BC Oil and Gas Commission as a BC Oil and Gas Commission Compliance and Enforcement Officer.
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*Excerpts of the PUBLIC HEALTH ACT and
Public Health Inspections and Orders Regulation*

Public Health Act, S.B.C. 2008, c. 28

Definitions

1 In this Act:

"exposed" means to have been

- (a) in contact with, or near, a person or thing that is or may be infected with an infectious agent or contaminated with a hazardous agent, or
- (b) in an environment contaminated with an infectious agent or a hazardous agent,

"infected person" or "infected thing" means a person who, or thing that,

- (a) is or is likely infected with, or has been or has likely been exposed to, a prescribed infectious agent, or
- (b) is or is likely contaminated with, or has been or has likely been exposed to, a prescribed hazardous agent

When inspection may be made

23 Subject to section 25 [*entering to inspect*], a health officer may stop a person or vehicle, enter a vehicle or place and inspect a vehicle or place for any of the following reasons:

- (a) for the purposes of determining whether
 - (i) the person is an infected person,
 - (ii) the person has custody or control of a person who is an infected person, or of a thing that is an infected thing,
 - (iii) the vehicle or place is an infected thing, or has an infected thing in it or on it,
 - (iv) a health hazard exists or likely exists in or on the vehicle or place, or in relation to the activities of the person, or
 - (v) a provision of this Act or a regulation made under it, a term or condition of a licence or permit issued under this Act or an order made under this Act may have been, is being or is likely about to be contravened;
- (b) if the person, vehicle or place is described in a report made under Division 3 [*Reporting Disease, Health Hazards and Other Matters*] of Part 2;
- (c) to determine whether

- (i) a licence or permit should be issued, or an order should be made, under this Act, or
- (ii) a term or condition of a licence or permit issued under this Act, or an order made under this Act, should be varied or rescinded;
- (d) to monitor or confirm compliance with
 - (i) a provision of this Act or a regulation made under it, or
 - (ii) a term or condition of a licence or permit issued under this Act, or an order made under this Act;
- (e) if a health officer has the power to monitor or confirm compliance with a provision of another enactment, to monitor or confirm compliance with that provision;
- (f) for any purpose for which an inspection by a health officer is expressly authorized under this or any other enactment;
- (g) for a prescribed purpose.

Inspection powers

- 24** (1) A health officer may do one or more of the following for the purposes of an inspection:
- (a) be accompanied or assisted by a person who has special, expert or professional knowledge of a matter relevant to the inspection;
 - (b) require a person to produce relevant records or things in the person's possession or control;
 - (c) inspect, copy or remove relevant records or things;
 - (d) require a person to stop engaging in an activity, or stop the operation of a thing;
 - (e) require a person to demonstrate a relevant skill, or operate a thing or carry out a procedure as directed by the health officer;
 - (f) make records in respect of a person, place or thing;
 - (g) take samples and perform analyses and tests, including tests in which a sample is destroyed;
 - (h) require that a place or thing not be altered or disturbed for a reasonable period of time;
 - (i) question a person whom the health officer reasonably believes to have relevant information;
 - (j) attend a relevant training program;
 - (k) make an order necessary for the purpose of exercising a power of inspection.
- (2) If a health officer removes records or things under subsection (1) (c), the health officer must
- (a) provide a receipt for the records or things to the person from whom they were taken, and

- (b) subject to a power under this or any other enactment to order a thing destroyed, promptly return the records or things
 - (i) when they have served the purposes for which they were taken, or
 - (ii) if an action or a proceeding is taken under this or any other enactment as a result of an inspection, and the records or things are relevant to the action or proceeding, no later than 3 months after the conclusion of the action or proceeding.
- (3) For the purposes of an order made under subsection (1) (k), the person who is subject to the order must comply with it.

General powers respecting infectious agents and hazardous agents

- 28** (1) If the circumstances described in section 27 [*when orders respecting infectious agents and hazardous agents may be made*] apply, a medical health officer may order a person to do anything that the medical health officer reasonably believes is necessary for either or both of the following purposes:
- (a) to determine whether an infectious agent or a hazardous agent exists, or likely exists;
 - (b) to prevent the transmission of an infectious agent or a hazardous agent.
- (2) A medical health officer may, in respect of an infected thing,
- (a) make any order, with any necessary modifications, that can be made under this Division as if the infected thing were an infected person, and
 - (b) direct the order to any person having custody or control of the infected thing.

Specific powers respecting infectious agents and hazardous agents

- 29** (1) An order may be made under this section only
- (a) if the circumstances described in section 27 [*when orders respecting infectious agents and hazardous agents may be made*] apply, and
 - (b) for the purposes set out in section 28 (1) [*general powers respecting infectious agents and hazardous agents*].
- (2) Without limiting section 28, a medical health officer may order a person to do one or more of the following:
- (a) remain in a specified place, or not enter a place;
 - (b) avoid physical contact with, or being near, a person or thing;
 - (c) be under the supervision or care of a specified person;
 - (d) provide to the medical health officer or a specified person information, records, samples or other matters relevant to the person'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 a hazardous agent by the person;

(e) be examined by a specified person, including

(i) going to a specified facility for examination, and

(ii) being examined before a particular date or according to a schedule;

(f) submit to diagnostic examination, including going to a specified facility or providing the results to a specified person;

(g) take preventive measures, including

(i) going to a specified facility for preventive measures,

(ii) complying with preventive measures set out in the order, specified by a medical practitioner or nurse practitioner, or both, and

(iii) beginning preventive measures before a particular date, and continuing until a particular date or event;

(h) 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 medical health officer any relevant record;

(i) take a prescribed action.

(i) meet the objective of the order, and

(ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or

(c) requires more time to comply with the order.

(2) A request for reconsideration must be made in the form required by the health officer.

(3) After considering a request for reconsideration, a health officer may do one or more of the following:

(a) reject the request on the basis that the information submitted in support of the request

(i) is not relevant, or

(ii) was reasonably available at the time the order was issued;

(b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;

(c) confirm, rescind or vary the order.

(4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).

(5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.

(6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

(7) For the purposes of this section,

(a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and

(b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.

(8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

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

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.



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

Industrial Camps

The *Public Health Act* and Regulations are at:

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

- TO: PERSONS WHO EMPLOY WORKERS IN THE AGRICULTURAL, AQUACULTURAL, FORESTRY AND RESOURCE SECTORS AND/OR WHO PROVIDE ACCOMMODATION FOR THEM IN AN INDUSTRIAL CAMP OR OTHER CONGREGATE SETTING INCLUDING A MOTEL, HOTEL OR TENTS (hereinafter referred to as “employers” and “accommodation”).**
- TO: PERSONS WHO ARE APPOINTED AS INFECTION PREVENTION AND CONTROL CO-ORDINATORS BY EMPLOYERS (hereinafter referred to as “coordinators”).**
- TO: WORKERS IN THE AGRICULTURAL, AQUACULTURAL, FORESTRY AND RESOURCE SECTORS (hereinafter referred to as “workers”).**

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 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 direct contact, through droplets in the air, or from fluid containing SARS-CoV-2 left on surfaces;
- C. People living and/or working in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19;
- D. You belong to one of the classes of persons to whom this Order is addressed;
- E. I have reason to believe and do believe that
- (i) the risk of transmission of SARS-CoV-2 and a resulting outbreak of COVID-19 among workers living in congregate accommodation or working closely together at a worksite in the

agricultural, aquacultural, forestry and resource sectors constitutes a health hazard under the *Public Health Act*;

- (ii) because the risk of transmission of SARS-CoV-2 and control of outbreaks extends beyond the authority of one or more medical health officers and coordinated action is needed to protect the public from contracting COVID-19, it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39(3) and 54(1) (k) of the *Public Health Act* **TO ORDER** as follows:

DEFINITIONS:

In this Order:

“industrial camp” has the same meaning as in the Industrial Camps Regulation;

“Provincial infection prevention and control officer” means a person to whom I have delegated in writing my powers under the *Public Health Act* for the purpose of ensuring compliance with this Order.”

“medical emergency” means that the medical situation of a worker requires that the worker visit or be taken to a health care facility.

EMPLOYERS

MUST

1.
 - a. develop a COVID-19 infection prevention and control protocol (the “Protocol”) to prevent and control the risk of transmission of SARS-CoV-2 among workers in their place of accommodation, at the worksite and when travelling to and from the worksite from their accommodation; and
 - b. have the Protocol posted in a prominent place at the accommodation and the worksite and have it available to provide to a health officer or Provincial infection prevention and control officer on request or during the course of an inspection.
2. maintain high levels of accommodation, worksite and worker hygiene.
3. provide for a rapid response if a worker develops symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing), including procedures to isolate the worker, providing access to a health professional, and notifying a health officer or Provincial infection prevention and control officer;
4. not permit a worker who has symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing) to work;

5. must ensure that a worker with symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing) is self-isolating and provide the support the worker needs to self-isolate;
6. appoint a person as a co-ordinator.
7. in the case of accommodation which is in use and a worksite which is in operation on the date that this Order is issued, as soon as possible arrange for
 - a. a health officer or a Provincial infection prevention and control officer to inspect the accommodation, worksite, vehicles used to transport workers and vehicles used by workers for work and to transport themselves to and from the worksite in order to determine if the accommodation, worksite and vehicles will support the prevention and control of transmission of SARS-CoV-2 and if you have the ability to implement the Protocol in a manner that will prevent the risk of transmission of SARS-CoV-2 among workers and to other persons.
 - b. in all other cases, must arrange for the inspection before placing workers in accommodation or operating a worksite.

CO-ORDINATORS

MUST

1. act as a liaison between the employer and the health officer or Provincial infection prevention and control officer;
2. oversee the implementation of the Protocol;
3. monitor the health of workers daily for symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing) , keep a daily record of monitoring activities and inform the health officer or Provincial infection prevention and control officer if any worker exhibits symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing).
4. oversee the manner in which workers are transported between their accommodation and worksite to ensure that workers are transported in such a way that it limits the risk of transmission of SARS-CoV-2 between the workers and to the driver to the extent practical;
5. monitor the compliance of workers with the requirements imposed upon them by this Order;
6. inform the health officer or the Provincial infection prevention and control officer of any failure to implement the Protocol on the part of the employer, or if a worker fails to comply with the requirements imposed upon the worker by this Order.

WORKERS

MUST

1. follow the Protocol of your employer to prevent the transmission of SARS-CoV-2 infection;
2. follow infection prevention and control practices including diligent hand hygiene;
3. to the extent practical, reduce close contact with other persons by maintaining a two metre separation and avoiding shared spaces;
4. to the extent practical, limit the risk of transmission of SARS-CoV-2 between one another and to the driver when travelling to and from work and between shifts;
5. remain in your accommodation on days when you are not required at the worksite;
6. avoid any unnecessary visits to public establishments and only leave your accommodation if approved by the coordinator or in the case of a medical emergency or need to attend a critical appointment if it cannot be postponed or cannot be held electronically.
7. if you leave your accommodation in the case of a medical emergency or to attend a critical appointment,
 - a. you must maintain a distance of two metres from anyone with whom you are meeting, unless you are meeting with a health care provider.
 - b. you must carry a mask or tissues at all times.
 - c. if you develop symptoms of COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing) while away from your accommodation, you must put on the mask or cover your nose and mouth with tissues and return immediately to your accommodation while avoiding contact with other people to the greatest extent possible, and phone a health professional for advice.
8. self-monitor daily for signs and symptoms of illness and,
9. if you exhibit symptoms COVID-19 (i.e. fever, sore throat, coughing, sneezing, or difficulty breathing), inform the coordinator and self-isolate for 10 days, unless instructed otherwise by a health professional.

This Order does not have an expiration date.

All persons to whom this order is directed are required under section 42 of the *Public Health Act* to comply with this Order. Under section 43 of the British Columbia *Public Health Act*, you may request me to reconsider this Order if you:

1. Have additional relevant information that was not reasonably available to the me when this Order was issued.

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

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

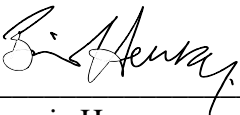
If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

Dr. Bonnie Henry
Provincial Health Officer
PO Box 9648 STN PROV GOVT
Victoria BC V8W 9P4
Fax: (250) 952-1570

DATED THIS: 23 day of April 2020

SIGNED:



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY posting on the BC Government website, posting on the BC Centre for Disease Control website and by email.

Enclosure: Excerpts of *Public Health Act* and Regulations

ENCLOSURE

Excerpts of the PUBLIC HEALTH ACT and Industrial Camps Regulation

Public Health Act [SBC 2008] c. 28

Definitions

1 In this Act:

"health hazard" means

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

When orders respecting health hazards and contraventions may be made

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

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

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

General powers respecting health hazards and contraventions

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

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

(2) A health officer may issue an order under subsection (1) to any of the following persons:

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

Specific powers respecting health hazards and contraventions

32 (1) An order may be made under this section only

- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
- (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
 - (i) by a specified person, or under the supervision or instructions of a specified person,
 - (ii) moving the thing to a specified place, and

(iii) taking samples of the thing, or permitting samples of the thing to be taken;

(b) in respect of a place,

(i) leave the place,

(ii) not enter the place,

(iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,

(iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and

(v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;

(c) stop operating, or not operate, a thing;

(d) keep a thing in a specified place or in accordance with a specified procedure;

(e) prevent persons from accessing a thing;

(f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;

(g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;

(h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;

(i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;

(j) provide evidence of complying with the order, including

(i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and

(ii) providing to a health officer any relevant record;

(k) take a prescribed action.

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

(a) the person consents in writing to the destruction of the thing, or

(b) Part 5 [*Emergency Powers*] applies.

Contents of orders

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

Duty to comply with orders

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

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

Reconsideration of orders

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

(a) has additional relevant information that was not reasonably available to the health officer when the order was issued or varied,

(b) has a proposal that was not presented to the health officer when the order was issued or varied but, if implemented, would

(i) meet the objective of the order, and

(ii) be suitable as the basis of a written agreement under section 38 [*may make written agreements*], or

(c) requires more time to comply with the order.

(2) A request for reconsideration must be made in the form required by the health officer.

(3) After considering a request for reconsideration, a health officer may do one or more of the following:

(a) reject the request on the basis that the information submitted in support of the request

(i) is not relevant, or

(ii) was reasonably available at the time the order was issued;

(b) delay the date the order is to take effect or suspend the order, if satisfied that doing so would not be detrimental to public health;

(c) confirm, rescind or vary the order.

(4) A health officer must provide written reasons for a decision to reject the request under subsection (3) (a) or to confirm or vary the order under subsection (3) (c).

(5) Following a decision made under subsection (3) (a) or (c), no further request for reconsideration may be made.

(6) An order is not suspended during the period of reconsideration unless the health officer agrees, in writing, to suspend it.

(7) For the purposes of this section,

(a) if an order is made that affects a class of persons, a request for reconsideration may be made by one person on behalf of the class, and

(b) if multiple orders are made that affect a class of persons, or address related matters or issues, a health officer may reconsider the orders separately or together.

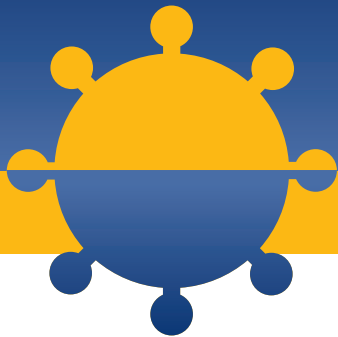
(8) If a health officer is unable or unavailable to reconsider an order he or she made, a similarly designated health officer may act under this section in respect of the order as if the similarly designated health officer were reconsidering an order that he or she made.

Industrial Camps Regulation

Definitions

1 In this regulation:...

"industrial camp" means land or premises on which an employer, in connection with a logging, sawmill, mining, oil or gas operation, a railway construction project, a cannery, or a similar thing, owns, operates or maintains, or has established, permanent or temporary structures for use, with or without charge, by employees as living quarters....



Coronavirus COVID-19

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CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

Good cleaning and disinfection are essential to prevent the spread of COVID-19 in BC.

This document provides advice to public groups, transit, schools, universities, and other institutions in BC on cleaning for non-health care settings.

Make sure to wash hands with plain soap and water after cleaning or use an alcohol-based hand sanitizer.



OR



Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Cleaning for the COVID-19 virus is the same as for other common viruses.

Cleaning products and disinfectants that are regularly used in households are strong enough to deactivate coronaviruses and prevent their spread.

Recommendations:

- General cleaning and disinfecting of surfaces should occur at least once a day.
- Clean and disinfect highly touched surfaces at least twice a day and when visibly dirty (e.g., door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Remove items that cannot be easily cleaned (e.g., newspapers, magazines, books, toys).

Cleaning

For cleaning, water and detergent (e.g., liquid dishwashing soap), or common household cleaning wipes should be used, along with good physical cleaning practices (i.e., using strong action on surfaces).

Disinfection

For disinfection, common household disinfectants such as ready-to-use disinfecting wipes and pre-made solutions (no dilution needed) can be used. Use the figure and table below for guidance. Always follow the manufacturer's instructions printed on the bottle.

IPC v2.0





Coronavirus COVID-19

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CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

See Health Canada's **List of hard-surface disinfectants for use against coronavirus (COVID-19)** for specific brands and disinfectant products.

IMPORTANT NOTES:

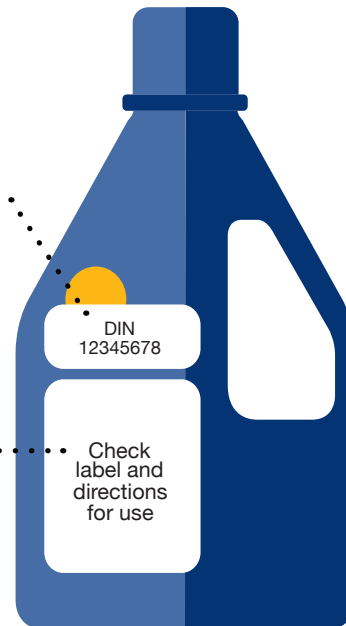
- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, contact time and safe use.
- All visibly dirty surfaces should be cleaned **BEFORE** disinfecting (unless otherwise stated on the product).

Drug Identification Number (DIN):

A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
- Hydrogen peroxide (0.5%)
- Alkyl dimethyl ammonium chlorides



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2}:

Agent and concentration	Uses
1. 1:100 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 10 ml bleach to 990 ml water	Used for disinfecting surfaces (e.g., hand railings, grab handles, door knobs, cupboard handles). Make fresh daily and allow surface to air dry naturally.
2. 1:50 dilution Chlorine: household bleach - sodium hypochlorite (5.25%)* 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Make fresh daily and allow surface to air dry naturally.
3. Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces (e.g., counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs): noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for disinfecting surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products. IPC v2.0





2019 Novel Coronavirus (COVID-19)



Do you have a FEVER, or NEW COUGH
or DIFFICULTY BREATHING?



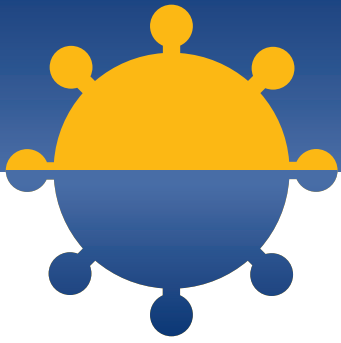
Clean your hands



Put on a mask



Report to
reception or a
health care provider



Coronavirus COVID-19

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Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**

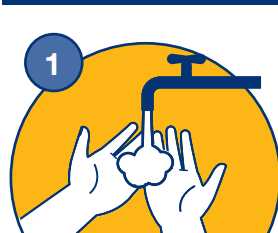


**Either will clean your hands:
use soap and water if hands
are visibly soiled.**

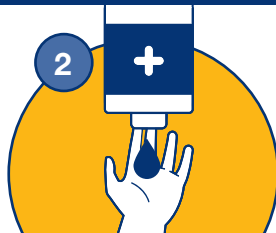


Remove hand and wrist jewellery

HOW TO HAND WASH



1
Wet hands with warm
(not hot or cold)
running water



2
Apply liquid or foam soap



3
Lather soap covering
all surfaces of hands
for 20-30 seconds



4
Rinse thoroughly
under running water



5
Pat hands dry thoroughly
with paper towel



6
Use paper towel
to turn off the tap

HOW TO USE HAND RUB



1
Ensure hands are visibly
clean (if soiled, follow hand
washing steps)

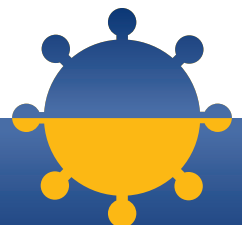


2
Apply about a loonie-sized
amount to your hands



3
Rub all surfaces of your hand
and wrist until completely
dry (15-20 seconds)

COVID19_HH_001



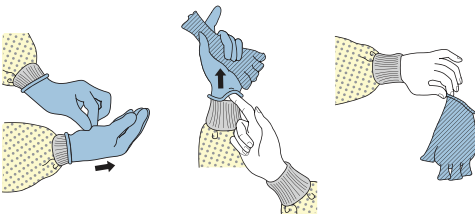


Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

9 Steps to Doff (Take Off) Personal Protective Equipment (PPE) For Droplet and Contact Precautions

1 Gloves



The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste bin.

2 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

3 Gown



Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Place in soiled laundry hamper (if reusable) or in regular waste bin (if disposable).

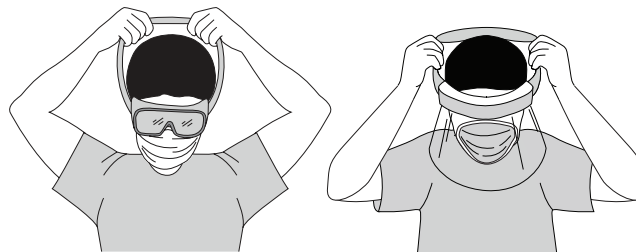
4 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

! If you are NOT 2 meters away from the patient, exit room now, perform hand hygiene, and finish the remaining steps.

5 Goggles or Face Shield



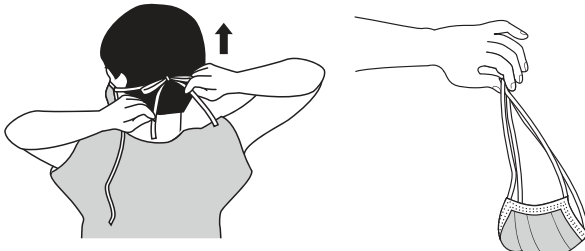
Do NOT touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

6 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

7 Surgical or Procedure Mask



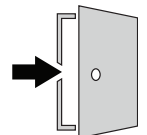
Grasp ties or elastics at back and remove WITHOUT touching the front. Place in receptacle for reprocessing or in regular waste bin.

8 Perform Hand Hygiene

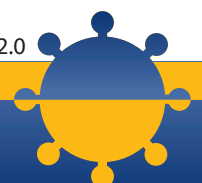


Clean all surfaces of hands and wrists.

9 Exit Room



Exit room and perform hand hygiene.



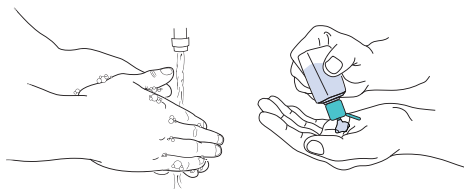


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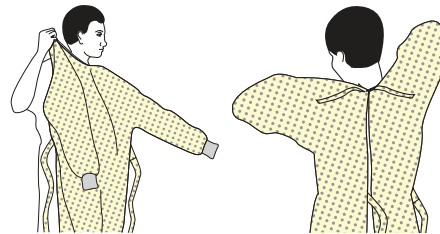
The 5 steps to Don (put on) Personal protective equipment (PPE)

1 Hand hygiene



Clean all surfaces of hands and wrists

2 Gown



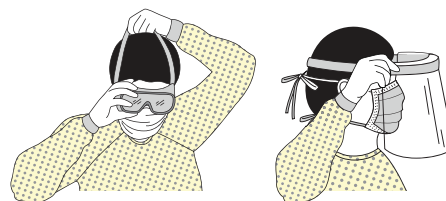
Cover torso and wrap around back,
fasten in back of neck and waist

3 Surgical/procedure mask



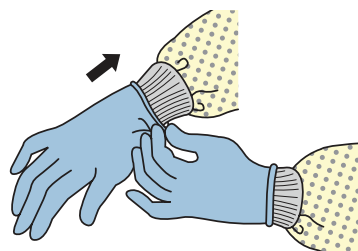
Secure ties at middle of head and neck,
fit nose band to your nose and pull bottom
down to completely cover chin

4 Eye protection

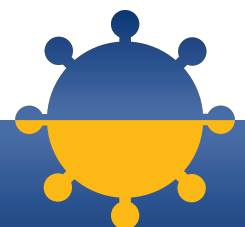


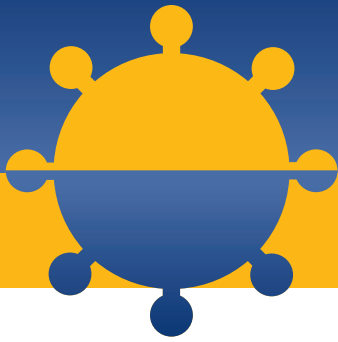
Place goggles or face shield over
face and eyes and adjust to fit

5 Gloves



Extend to cover wrist of gown





Coronavirus COVID-19

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REDUCE THE SPREAD OF COVID-19



PHYSICAL DISTANCING IN PROGRESS

**Maintain a distance of at least
2 arms lengths from others.**



Ministry of
Health



BC Centre for Disease Control

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

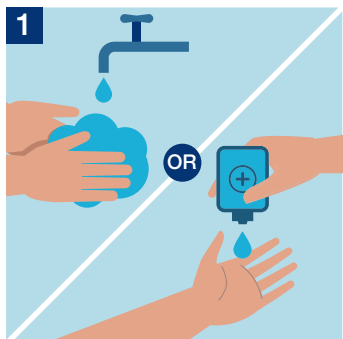




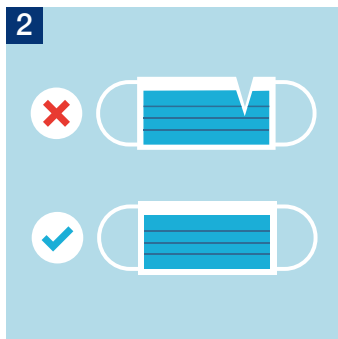
Coronavirus COVID-19

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How to Wear a Face Mask



1 Wash your hands with soap and water for 20-30 seconds or perform hand hygiene with alcohol-based hand rub before touching the face mask.



2 Check the new mask to make sure it's not damaged.



3 Ensure colour side of the mask faces outwards.



4 Locate the metallic strip. Place it over and mold it to the nose bridge.



5 Place an ear loop around each ear or tie the top and bottom straps.



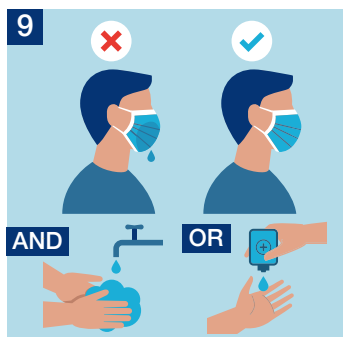
6 Cover mouth and nose fully, making sure there are no gaps. Pull the bottom of the mask to fully open and fit under your chin.



7 Press the metallic strip again to fit the shape of the nose. Perform hand hygiene.



8 Do not touch the mask while using it, if you do, perform hand hygiene.



9 Replace the mask if it gets wet or dirty and wash your hands again after putting it on. Do not reuse the mask.

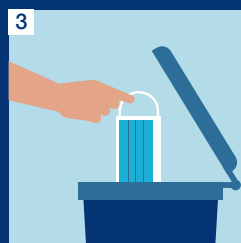
Removing the Mask



1 Perform hand hygiene.



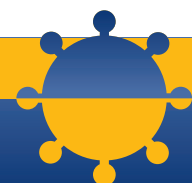
2 Do not touch the front of your mask. Lean forward, gently remove the mask from behind by holding both ear loops or ties.

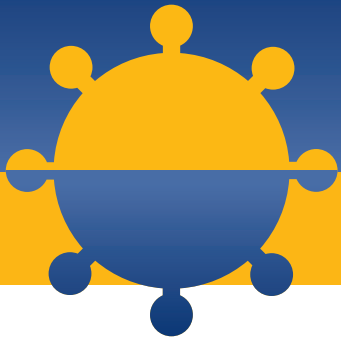


3 Discard the mask in a waste container.



4 Perform hand hygiene.





Coronavirus COVID-19

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FAMILIES AND VISITORS



DO NOT ENTER

Essential visitors ONLY.

Essential visits include, but are not limited to:

1

Visits for compassionate care (e.g., end of life and critical illness); and

2

Visits considered paramount to patient/resident care and well being

(e.g. assistance with feeding or mobility, essential medical professionals, medication delivery); and

3

Existing registered volunteers providing services as described above only.

If in doubt, call to check if your visit is essential.

If you are sick, DO NOT ENTER.

Help us reduce the spread of COVID-19.



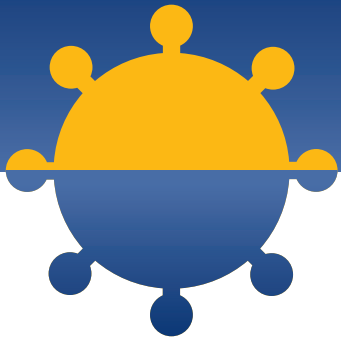
Ministry of Health



BC Centre for Disease Control

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





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

Coronavirus Prevention



Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.



Avoid touching your eyes, nose, and mouth with unwashed hands.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid close contact with people who are sick.



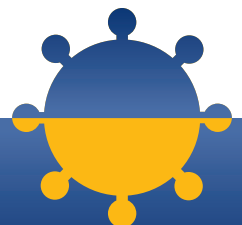
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick.



WEARING A MASK IS NOT AN EFFECTIVE MEASURE TO KEEP YOURSELF SAFE FROM VIRAL INFECTION.



Appendix B

BC Centre for Disease Control Camp Signage