

December 29, 2021

TO: Those in the Northern Health Authority and addressed in the [Industrial Camps – July 7, 2021 Order of the Provincial Health Officer](#).

RE: Statement of Expectations for Industrial Projects and Operations in the Northern Health Authority and in Preparation for COVID-19 Omicron Variant

The purpose of this statement is to notify you of the risk of increased transmission of COVID-19 due to Omicron variant.^{1, 2} This statement contains detailed information on current requirements and further controls which will be required of industrial projects in the Northern Health Authority in the event of a case, cluster, or outbreak of communicable disease amongst your workers. Per the [Public Health Act of British Columbia](#), it is my responsibility as the Chief Medical Health Officer and the responsibility of Public Health to protect the health and wellness of the population in the Northern Health Authority.

Section A, B, and C of the [Industrial Camps - July 7, 2021 Order of the Provincial Health Officer](#) pursuant to Sections, 30, 31, 32, 39 (3), 53, 54 and 67 of [Public Health Act](#), S.B.C 2008 outlines requirements of the Employer, Co-ordinator, and Worker in the context of SARS-CoV-2.

Section A states that an Employer must do the following:

- (12) In the event of the occurrence of a case, cluster or outbreak of communicable disease in workers,*
- a. work with the medical health officer to determine what measures may be necessary in order to reduce the risk of transmission of communicable disease;*
 - b. put in place any measures recommended by the medical health officer;*

As such, and as the Chief Medical Health Officer of the Northern Health Authority, I direct Industrial Projects and Operations to implement the following additional measures immediately:

Required Measures	Expectations
Vaccine status of workforce population	Effective immediately, on the 1 st and 15 th of each month provide a <u>point in time submission</u> to the Office of Health and Resource Development : <ul style="list-style-type: none"> • Total workforce number • # of fully vaccinated workers

¹ For information on the prevalence of the Omicron variant in BC, see the weekly COVID-19 VoC Report: [Dec 24, 2021](#) and subsequent reports are available via the [BCCDC Data Trends website](#).

² For information on the epidemiology of COVID-19 in BC, see the weekly COVID-19 Situation Report: [Dec 22, 2021](#) report and subsequent reports are available via the [BCCDC Data Trends website](#).

	<ul style="list-style-type: none"> • # of partially vaccinated workers • # of unvaccinated workers • # of workers declining to disclose status
Workforce projection ³	Effective immediately, on the 15 th of each month provide a three-month workforce projection by weekly increment.
Prepare for high transmission of COVID-19	<p>By January 10, 2022 complete and submit to the Office of Health and Resource Development the scenario planning template (attached) for two scenarios:</p> <ul style="list-style-type: none"> • 30% of workforce population infected or isolated • Site shutdown and phased restart
Implementation of recommendations where possible	Review the provided list of recommendations and implement as practicable.
Manage onsite transmission of communicable diseases within your workforces	Per the Workers Compensation Act, Part 2, Division 4 , it is expected that employers will ensure the health and safety of workers present at a workplace. Onsite transmission demonstrates that controls have failed. COVID-19 cases on the site are investigated to understand the source of exposure and where transmission is identified or suspected, those failures are rectified immediately.
Updated list of key contacts for COVID-19 management	By January 10, 2022 complete and submit to the Office of Health and Resource Development an updated list of key contacts for COVID-19 management and contact information. Provide prompt update of any changes to key contacts. Northern Health should face no delay in determining a contact person in the event of a case, cluster, or outbreak.
Legislation for paid COVID-19 vaccination leave now in force	Per the BC Employment Standards Act , workers are eligible to up to three hours of paid leave to get each dose of their COVID-19 vaccine (retroactive to April 19, 2021).
Onsite Medical Care	<p>Medical resources on site are sufficient to attend to the medical management of COVID-19 cases.</p> <p>Per Occupational Health and Safety Regulation, Section 3.16, conduct an appropriate risk assessment to determine the type and quantity of equipment, supplies, facilities, first aid attendants considering the circumstance of the current COVID-19 pandemic.</p>

³ Workforce includes all workers attached to the site/location.

<p>Medical service provider versed in Public Health Communicable Disease Management</p>	<p>Per the Industrial Camps Order, there must be available or ready access to those required to support the public health management of cases, clusters, and outbreaks.</p> <p>Case and contact management to be completed per BCCDC standards (Public Health Management of Cases and Contacts Associated with Novel Coronavirus (COVID-19) in the Community).</p>
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The following list of recommended measures are to be reviewed and implemented where possible.

Recommended Measures	Considerations
<p>Reduce susceptible population</p>	<p>Reduce population of workers susceptible to illness:</p> <ul style="list-style-type: none"> • Essential workers only • Minimize fly/drive-in/out • Phase in workforce according to response capacity • Limit the number of unimmunized workers staying in work camps and/or within your worker population by requiring workers to be fully immunized with a completed schedule of a World Health Organization COVID-19 vaccine, unless they have an exemption approved by a medical service provider and valid in BC
<p>Reduce infected population</p>	<p>Reduce population of ill workers:</p> <ul style="list-style-type: none"> • Pre-screening of all workers • Routine screening of unvaccinated workers every 72 hours
<p>Reduce exposure to illness</p>	<p>Implement exposure reduction measures:</p> <ul style="list-style-type: none"> • Offer onsite COVID-19 vaccination clinics for opportunistic immunization of workers in work camps and/or on worksites, and/or arrange incentives for workers to immunize, and/or identify and reduce all barriers to workers' immunization • Identify and remove barriers to effective isolation by workers (e.g., compensation, appropriate space, supportive isolation measures) • To the extent practical, reduce close contact with other persons by maintaining a two metre distance from other people • Implement use of work cohorts or work pods where practical. • Wear a face covering over the nose and mouth when at the workface, in indoor common areas including elevators, lobbies, hallways, stairwells, bathrooms, kitchens, break rooms or meeting rooms, or when in a vehicle or piece of equipment with another person for the purpose of work • When in a vehicle with another person for the purpose of transport between their accommodation and the worksite, whether in a vehicle provided by the employer or a private vehicle, wear a face covering

	<ul style="list-style-type: none"> • Despite the face covering requirements above, workers are not required to wear a face covering if any of the following applies: <ul style="list-style-type: none"> ○ the worker is unable to put on or remove a face covering without the assistance of another person; ○ the worker is unable to wear a face covering because of <ul style="list-style-type: none"> ▪ a psychological, behavioural or health condition, or ▪ a physical, cognitive or mental impairment; ▪ the face covering is removed temporarily for the purpose of identifying the person; ▪ the face covering is removed temporarily to communicate with a person who is hearing impaired; ▪ the person is receiving health care which requires the person to remove the face covering.
Reduce importation of illness to/from community	<p>Workers limit importation of illness to/from community:</p> <ul style="list-style-type: none"> • Extending work rotation to the extent possible • Upon initial arrival at or return to camp must remain in camp when not required at the worksite, and only leave camp in the case of a medical emergency, or to attend a critical appointment, if it cannot be postponed or cannot be held electronically. • In the event that they leave camp during their work rotation, after their arrival at or return to the camp after a break must comply with the following conditions: <ol style="list-style-type: none"> a. notify the co-ordinator before they leave their accommodation unless this is not possible due to the nature of the medical emergency; b. maintain a distance of two metres from any person with whom they are meeting, unless the person is a health care provider who is providing them with care; c. wear a face covering which covers their nose and mouth, whenever in an interior setting or in a vehicle, unless the nature of a medical emergency makes it difficult or impossible for them to do so; d. if they develop symptoms of COVID-19 that require testing, other than in the case of a medical emergency for which they are receiving care, put a face covering over their nose and mouth, return immediately to their accommodation at camp, while avoiding contact with others

<p>Reduce impact on the health care system</p>	<p>Reduce impact of cases, clusters, and outbreaks upon the health care system by:</p> <ul style="list-style-type: none"> • Developing scalable case and contact management resources • Making health care access available to workers and employees onsite and at camp • Integrating medical service providers and their scopes of work across the project or operation; collaboration with the medical services providers; and plan to ensure medical service providers remain up to date on information and changes related to communicable disease management. • Accessing, communicating, and adapt plans and procedures based on evidence-based and provincially-relevant COVID-19 information • Become familiar with the following evidence-based and publicly available COVID-19 information in the province of British Columbia: <ul style="list-style-type: none"> ○ BCCDC COVID-19 Comparison App – compare COVID-19 in BC to other Canadian and global jurisdictions ○ BC COVID-19 Daily Dashboard – daily update on COVID-19 caess in BC and for regional health authorities ○ BC COVID-19 Weekly Variants Report – weekly report on variants of concern and interest in BC ○ Additional resources listed below
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Should you have any questions please do not hesitate to contact me or my delegate.

Sincerely,



Dr. Jong Kim, MD, MSc, FRCPC
Chief Medical Health Officer
Northern Health

Att: Appendix A: Additional Resources
Scenario Planning Template

CC: Dr. Brian Emerson, A/Deputy Provincial Health Officer, Office of the Provincial Health Officer
Jennifer Anthony, Director, Resource Development, Ministry of Energy, Mines and Low Carbon Innovation
Dr. Raina Fumerton, NW and a/NE Medical Health Officer
Dr. Trevor Corneil, Medical Health Officer
Chelan Zirul, Regional Manager, Health & Resource Development
Doug Quibell, Regional Manager, Environmental Health & Tobacco Enforcement
Denaige McDonnell, Regional Coordinator, COVID Immunization Program, Health & Resource Development

Appendix A: Additional Resources

[BCCDC Public Health Management of COVID-19](#) – surveillance and guidance for public health management of COVID-19

[BCCDC Interim Guidance: Public Health Management of Cases and Contacts Associated with Novel Coronavirus \(COVID-19\) in the Community](#)

[Protecting Industrial Camp Workers, Contractors, and Employers Working in the Agricultural, Forestry, and Natural Resource Sectors During the COVID-19 Pandemic \(BCCDC\)](#)

[Northern Health Office of Health and Resource Development COVID-19 Resources](#)

Scenario Planning Template

This planning template includes two scenarios. Scenario 1 requires a written response to each of the items. While complete information is expected, brevity is appreciated and response should not exceed 5 pages. Scenario 2 requires an attestation from senior leadership within your organization. It is expected that internal reviews are sufficient for preparation in the event of a closure order.

Scenario 1: 30% of Workforce is Affected by Illness or Isolation

Detail the planned approach for management of Scenario 1 using the five areas of control outlined below. Assume workforce is impacted equally (e.g., include medical personnel, camp staff, janitorial staff, etc.).

1. Reduce Susceptible Population

Describe all efforts to reduce the population of workers susceptible to illness, including:

- a) Essential workforce only
- b) Minimized fly/drive-in/out
- c) Limit the number of unimmunized workers staying in work camps and/or on work sites by requiring workers to be fully immunized with at least two doses of World Health Organization COVID-19 vaccine, unless they have an exemption approved by a medical service provider and valid in BC
- d) Other measures supporting reduction of susceptible population

2. Reduce Infected Population

Describe all efforts to reduce ill workers at the worksite and work accommodation:

- a) Pre-screening of workers
- b) Routine screening of unvaccinated workers
- c) Routine screening of vaccinated workers
- d) Exit screening of workers
- e) Structure of point of care testing (DAP accredited, PHSA program, etc.)
- f) Other measures supporting reduction of infected population

3. Reduce Exposure to Illness

Describe all efforts to reduce exposure to illness at the worksite and work accommodation:

- a) Infection prevention and control measures, per WSBC hierarchy of control
- b) Sick and/or isolation pay policies
- c) Transportation protocols
- d) Vaccination clinic offerings (onsite, local clinic location and transportation, etc.)

4. Reduce Importation of Illness to/from Community

Outline the policies and procedures in place to reduce importation of illness to/from community:

- a) Extended work rotation
- b) Worker movement limited to camp only
- c) Management of workers who must leave camp
- d) Transportation plan for movement of ill worker(s)

5. Reduce Impact on the Health Care System

Describe how the impact of cases, cluster, and outbreaks upon the health care system will be minimized:

- a) Provide details on the site's capacity to medically manage COVID-19 cases, including daily health checks of isolated individuals.
- b) Provide details on the scalable case and contact management resources

- c) Provide details on what health care access will be available to workforce.
- d) Provide details on how support services such as food service, care attendants, and janitorial staff will be adapted to support scenario.
- e) Describe how notification of cases, clusters, and outbreaks will be provided to Northern Health.
- f) Indicate the maximum number of personnel who can be safely isolated with consideration of health care provision, daily wellness checks, food and personal care service, housekeeping, and other critical services required for safe isolation. What happens in the event you exceed your current isolation capacity?
- g) Describe how support of a medical service provider familiar with British Columbia's public health system will be utilized during response.
 - 1. Provide details on integration of medical service providers across the project or operation
 - 2. Describe how collaboration between contracted medical service providers will be ensured.
 - 3. Explain how medical service providers will be kept up to date on information and changes related to communicable disease management.

Scenario 2: Site Shutdown and Phased Restart

Plan the approach for management of Scenario 2 in which the site, or work undertaken on the site, in full or in part, must be shut down and restart will be phased. Senior Leadership within the organization to complete the Letter of Attestation.

1. Activity Planning

- a. Major activities planned through March 31, 2022
 - i. Type of activity
 - ii. Dates of activity
 - iii. Number of personnel required
- b. Critical work activities through March 31, 2022 (e.g., due to government order)
 - i. Type of activity
 - ii. Dates of activity
 - iii. Number of personnel required

2. Approach to Worksite Closure

- a. Determination of essential workers and function and role of essential workforce, including number of personnel in each group
- b. Demobilization of Workers
 - i. Infected or exposed
 - ii. No known exposure
- c. Workforce demobilization schedule
 - i. Destination
 - ii. Transport method

3. Restarting the Worksite

- a. Schedule and duration of restart
- b. Workforce mobilization
 - i. Transportation (private/public, mode, key controls for movement of workers, etc.)
 - ii. Location where workers will be mobilizing from
- c. Screening requirements
- d. Indicators to be used to determine the pace of restart in line with expectations for management of risk using the five areas of control.

Letter of Attestation for Site Shutdown and Phased Restart

Date:

I (insert name), representing (insert company/project) in the capacity of (insert role/title) confirm that planning for management of a potential scenario in which the site, or work undertaken on the site, in full or in part, must be shut down and restart will be phased has been completed. Planning has included consideration of activity planning, approach to worksite closure, and restarting the worksite.

I declare that the above statements are true and accurate to the best of my knowledge, information and belief.

Sincerely,
Insert signature
(Insert Name)
(Insert Role)
(Insert Company)