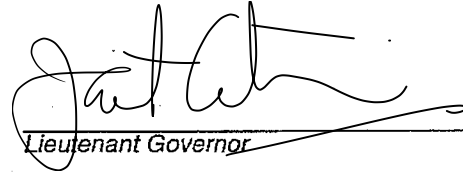


**PROVINCE OF BRITISH COLUMBIA**  
**ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL**

Order in Council No. 427 , Approved and Ordered July 27, 2018

  
Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that

- (a) section 55 (2) (b) of the Child Care Licensing Regulation, B.C. Reg. 332/2007, is repealed,
- (b) Part 5 of the Health Act Communicable Disease Regulation, B.C. Reg. 4/83, is repealed,
- (c) the Organic Matter Recycling Regulation, B.C. Reg. 18/2002, is amended as set out in the attached Schedule 1,
- (d) section 76 (2) of the Residential Care Regulation, B.C. Reg. 96/2009, is repealed, and
- (e) effective January 1, 2019,
  - (i) the Health Act Communicable Disease Regulation, B.C. Reg. 4/83, is repealed,
  - (ii) the Public Health Act Transitional Regulation, B.C. Reg. 51/2009, is repealed, and
  - (iii) the Reporting Information Affecting Public Health Regulation is made as set out in the attached Schedule 2.



Minister of Health



Presiding Member of the Executive Council

*(This part is for administrative purposes only and is not part of the Order.)*

Authority under which Order is made:

Act and section: *Community Care and Assisted living Act*, S.B.C. 2002, c. 75, s. 34 (2);  
*Public Health Act*, S.B.C. 2008, c. 28, ss. 111 (1) and (2), 113 (1), (2) and (4), 114 (1), 121 and 126 (5);  
*Environmental Management Act*, S.B.C. 2003, c. 53, ss. 21 and 138

Other: OIC 728/2007; OIC 6/83; OIC 84/2002; OIC 225/2009; OIC 128/2009

## SCHEDULE 1

- 1 *The definition of "medical health officer" in section 21 of the Organic Matter Recycling Regulation, B.C. Reg. 18/2002, is repealed and the following substituted:*

*"medical health officer" means a medical health officer within the meaning of the Public Health Act who has jurisdiction within the geographic area in which managed organic matter is proposed to be applied; .*

- 2 *Section 22 is amended*

*(a) in subsections (1) (b) and (5) by striking out "the medical health officer having jurisdiction" and substituting "a medical health officer", and*

*(b) in subsection (4) by striking out "The medical health officer having jurisdiction" and substituting "A medical health officer";*

## SCHEDULE 2

# REPORTING INFORMATION AFFECTING PUBLIC HEALTH REGULATION

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**SCHEDULE – REPORTABLE COMMUNICABLE DISEASES**

**PART 1 – DEFINITIONS**

**Definitions**

1 In this regulation:

“**Act**” means the *Public Health Act*;

“**assisted living residence**” has the same meaning as in the *Community Care and Assisted Living Act*;

“**community care facility**” has the same meaning as in the *Community Care and Assisted Living Act*;

“**executive medical director**” means the executive medical director of the British Columbia Centre for Disease Control, being part of the Provincial Health Services Authority;

“**hospital administrator**” means a person designated under section 3 of the Hospital Act Regulation as the administrator of a hospital;

“**laboratory director**” means the individual who has responsibility for, and authority over, professional, scientific, consultative, advisory, administrative, organizational and educational matters in respect of the services offered by a laboratory other than a veterinary laboratory;

“**licensed hospital**” has the same meaning as in Part 2 of the *Hospital Act*;

“**private hospital**” has the same meaning as in Part 2 of the *Hospital Act*;

“**reportable communicable disease**” means a communicable disease listed in the Schedule.

**PART 2 – DUTY TO REPORT**

**Division 1 – General Duty to Report**

**Prescribed infectious agents**

2 A communicable disease listed in the Schedule is prescribed as an infectious agent for the purposes of the Act, except for the purposes of section 17.

**Health officials must report infected persons**

- 3 (1) A health professional, hospital administrator or laboratory director must report the information required under section 10 (2) of the Act if the person knows or has reason to believe that another person has a reportable communicable disease.
- (2) A health professional, hospital administrator or laboratory director, or a veterinarian authorized to practise veterinary medicine under the *Veterinarians Act*, must report the information required under section 10 (2) of the Act if the person knows or has reason to believe that another person has been exposed to rabies.

- (3) A report must be made to a medical health officer in the form and manner required by the medical health officer.
- (4) If the subject of a report is a person who voluntarily submitted to testing for human immunodeficiency virus (HIV), the person making the report
  - (a) must not, if requested by the tested person, disclose in the report the tested person's name unless the person making the report has reason to believe that another person may be at risk of harm from the tested person, and
  - (b) may disclose in the report any relevant information, including information about a person who may be at risk of harm from a tested person.

**Persons in charge must report exposed persons.**

- 4 (1) In this section, "person in charge of an institution or a workplace" means the following:
  - (a) a principal of a school within the meaning of the *Independent School Act* or the *School Act*, as applicable;
  - (b) a president or other person in charge of an institution or a university within the meaning of the *College and Institute Act*;
  - (c) a person in charge of an institution within the meaning of the *Private Training Act*;
  - (d) a president, dean or other head of an institution established
    - (i) under, or by a body that is incorporated under, a private Act, and
    - (ii) primarily for the purpose of providing education, whether religious or otherwise, to adult students;
  - (e) a person in charge of an institution regulated under the *Degree Authorization Act*;
  - (f) a licensee of a community care facility;
  - (g) a registrant in relation to an assisted living residence;
  - (h) a superintendent of a licensed hospital or the chief administrative officer of a private hospital;
  - (i) a director of a designated facility within the meaning of the *Mental Health Act*;
  - (j) a person in charge of a correctional centre under the *Correction Act*;
  - (k) a person in charge of a youth custody centre under the *Youth Justice Act*;
  - (l) a person in charge of a federal penitentiary under the control of the government of Canada;
  - (m) an operator of an industrial camp within the meaning of the *Industrial Camps Regulation*;
  - (n) the most senior manager on duty at a workplace, other than a workplace described in this subsection.
- (2) A person in charge of an institution or a workplace who has been advised by a medical health officer that a person who is or has been present at the institution or workplace is an infected person must, if requested by the medical health officer,

- (a) report the contact information, if known, of each person who may have been exposed to the infected person, and
- (b) make the report to a medical health officer in the form and manner required by the medical health officer.

**Health officials must report adverse events following immunization**

5 (1) In this section:

**“adverse event following immunization”** means a negative change in a person’s health that

- (a) occurs after the person receives an immunization;
- (b) is serious, unusual or unexpected, or for which medical attention is sought, and
- (c) cannot clearly be attributed to a cause other than the immunization;

**“health care facility administrator”** means the following:

- (a) a hospital administrator;
- (b) a superintendent of a licensed hospital or the chief administrative officer of a private hospital;
- (c) a licensee of a community care facility;
- (d) a registrant in relation to an assisted living residence.

- (2) An adverse event following immunization is prescribed as a matter affecting health protection for the purposes of section 12 of the Act.
- (3) A health professional or health care facility administrator who is aware of an adverse event following immunization must report the adverse event to a medical health officer in the form and manner required by the medical health officer.

**Laboratory director must report examinations for lead or mercury**

6 (1) Lead and mercury are prescribed as hazardous agents for the purposes of the Act if present in a manner that may cause the lead or mercury to enter the body of a person exposed to that lead or mercury.

(2) A laboratory director who performs a diagnostic examination on a blood or urine sample for the purpose of detecting lead or mercury must, if the diagnostic examination is a benefit within the meaning of the *Laboratory Services Act*,

- (a) report the results of the diagnostic examination, regardless of whether lead or mercury was detected, and
- (b) include in the report personal information identifying the person
  - (i) from whom the blood or urine sample was taken, and
  - (ii) who requested the diagnostic examination.

(3) A report must be made to the provincial health officer in the form and manner required by the provincial health officer.

(4) A medical health officer who receives, under section 12 (2) [reports must be made available to health officers], a copy of a report made under this section

- (a) may request the person who requested the diagnostic examination to disclose
  - (i) personal information identifying the person from whom the blood or urine sample was taken,
  - (ii) any relevant signs or symptoms exhibited by the person from whom the blood or urine sample was taken, and
  - (iii) all relevant diagnostic examinations that were done, and the results, and
- (b) must report back to the provincial health officer under section 12 (1) the information received in response to a request made under paragraph (a) of this subsection.

(5) Section 14 of the Act applies for the purposes of a request made by a medical health officer under subsection (4) (a) of this section.

**Persons responsible must report toxic spills**

7 In addition to satisfying all requirements imposed under the *Environmental Management Act*, a person who causes or permits the discharge of a substance that is a health hazard or hazardous agent, whether onto land or into the water or air, must do all of the following:

- (a) take immediate action to stop the discharge, remove and mitigate all hazardous effects and prevent all further hazardous effects;
- (b) promptly report to a medical health officer, in person or orally,
  - (i) the matters set out in section 11 of the Act, and
  - (ii) the time, duration and quantity of the discharge;
- (c) report again to a medical health officer, in writing and within the time required by the medical health officer, the matters referred to in paragraph (b).

**Division 2 – Duty to Report Unknown or Emerging Illnesses**

**Definitions**

8 In this Division:

“**health official**” means a health officer, a health professional, a hospital administrator or a laboratory director;

“**notice of duty to report**” means a notice described in section 9 (2) [*notice of duty to report*];

“**reportable illness or event**” means the following:

- (a) an unknown or emerging illness that
  - (i) has signs or symptoms significantly similar to a reportable communicable disease,
  - (ii) appears to be transmissible to or between humans, or
  - (iii) appears to have been caused by a toxin that may have been produced by an infectious agent;

- (b) a serious or unusual event that indicates the presence or transmission of
  - (i) a prescribed infectious agent, or
  - (ii) a toxin produced by something other than an infectious agent;
- (c) a human respiratory or gastrointestinal illness that is not transmissible to humans but that indicates the presence of a health hazard;
- (d) an illness that has never, or has rarely, been observed in British Columbia;
- (e) an illness that has never, or has rarely, been observed as an illness affecting humans;
- (f) an illness that has, or appears to have, a higher pathogenicity than usual;
- (g) an illness that appears in clusters that include more persons or is present more frequently or over a larger geographic area than usual;

“specified” means specified in a notice of duty to report.

#### Notice of duty to report

- 9 (1) The provincial health officer may issue a notice of duty to report in accordance with subsection (2) if the provincial health officer
- (a) receives from a health official a report of a reportable illness or event, and
  - (b) has reason to believe that the reportable illness or event may have a serious impact on public health.
- (2) A notice of duty to report must include descriptions of both of the following:
- (a) the reportable illness or event and any relevant details other than personal information;
  - (b) the actions, as set out in section 10 [*duties if notice issued*], that health officials belonging to one or more specified classes must take.
- (3) A reportable illness or event described in a notice of duty to report is prescribed as a matter affecting health protection for the purposes of section 12 of the Act until the earliest of the dates set out in section 11 [*when duties end*] of this regulation.

#### Duties if notice issued

- 10 (1) A health official to whom a notice of duty to report applies must report the following:
- (a) each suspected incidence of the reportable illness or event or specified matters related to the reportable illness or event;
  - (b) the specified types of personal information with respect to persons who have the reportable illness or are associated with the event;
  - (c) all relevant diagnostic examinations that were done, and the results.
- (2) A report must be made to the provincial health officer or a specified person in the form and manner specified.
- (3) A health official to whom a notice of duty to report applies must not use or further disclose any reported information, except
- (a) to provide health services to, or facilitate the care of, an individual, or

- (b) as permitted in the notice of duty to report.
- (4) If an incidence of the specified reportable illness or event is suspected, a health official to whom a notice of duty to report applies must do all of the following:
  - (a) take specified preventive measures;
  - (b) request or perform one or more specified diagnostic examinations;
  - (c) treat each incidence as if it were an infectious agent or a health hazard prescribed under the Act.

**When duties end**

- 11 The duties of a health official to whom a notice of duty to report applies end on the earliest of the following dates:
- (a) the date specified in the notice;
  - (b) the date on which the notice is rescinded by the provincial health officer;
  - (c) one year after the date on which the notice is issued.

**PART 3 – SHARING INFORMATION**

**Reports must be made available to health officers**

- 12 (1) A medical health officer who receives a report under this regulation must, in accordance with the standards of practice established under section 68 (1) of the Act, forward the report to the provincial health officer.
- (2) The provincial health officer may make reports received under this regulation available to all medical health officers designated for the geographic area in which the subject of the report resides or is located.

**Information from report may be disclosed to third party**

- 13 (1) The provincial health officer or a medical health officer who receives a report under this regulation may disclose information contained in the report, including personal information, to a person referred to in subsection (2) for the purpose of preventing or addressing potential harms to public health that may arise from an infected person, an infected thing or a health hazard.
- (2) Disclosure under subsection (1) may be to any of the following persons:
- (a) another person who is an infected person;
  - (b) a person having custody or control of an infected person or infected thing;
  - (c) a person listed in section 14 (1) (a) to (e) of the Act;
  - (d) a person in charge of an institution or a workplace within the meaning of section 4 (1) [*persons in charge must report exposed persons*];
  - (e) a registrant under the *Social Workers Act*;
  - (f) a person in charge of a designated agency within the meaning of the *Adult Guardianship Act*;
  - (g) a member of a law enforcement agency in any jurisdiction;
  - (h) a director of the Workers' Compensation Board appointed under the *Workers Compensation Act*.



- (3) A person who receives personal information under subsection (2) must not use or further disclose the information except for the purpose for which the information was disclosed.

**If report is respecting non-resident**

- 14 (1) This section applies in the following circumstances:
  - (a) a medical health officer receives a report under this regulation in respect of a person who resides in a geographic area other than that for which the medical health officer is designated;
  - (b) the provincial health officer receives a report under this regulation in respect of a person who does not reside in British Columbia.
- (2) A medical health officer or the provincial health officer, as applicable, may forward a report referred to in subsection (1) to a public officer responsible for public health in the jurisdiction where the person who is the subject of the report resides.

**Information may be shared for infectious disease management**

- 15 (1) In this section, "**Immigration Canada**" means the department of the government of Canada charged with the administration of the *Immigration and Refugee Protection Act* (Canada).
- (2) The executive medical director may collect from the chief administrator of Immigration Canada personal information respecting a person who
  - (a) is applying for new immigrant status or a change in immigrant status, and
  - (b) has been diagnosed with a reportable communicable disease.
- (3) The executive medical director may disclose to the chief administrator of Immigration Canada the types of personal information described in subsection (4) respecting a person
  - (a) who is applying for new immigrant status or a change in immigrant status, and
  - (b) whose authorization to be in Canada is conditional on receiving health services for the purpose of screening for, or treating, a reportable communicable disease.
- (4) The executive medical director may disclose under subsection (3) only
  - (a) the information necessary for the chief administrator of Immigration Canada to determine whether the conditions of the person's authorization to be in Canada have been met, and
  - (b) the date or dates on which those conditions were fulfilled, if applicable.

**Information may be disclosed for blood-borne disease management**

- 16 (1) In this section:  
"blood-borne disease" means an infectious agent that may be transmitted through a blood transfusion;

**“Canadian Blood Services” means**

- (i) the corporation incorporated under the laws of Canada as Canadian Blood Services, and
  - (ii) the agents and successors of the corporation referred to in subparagraph (i).
- (2) The provincial health officer or a medical health officer who receives a report of a blood-borne disease may disclose to Canadian Blood Services personal information respecting a person who may be infected with a blood-borne disease.
- (3) Canadian Blood Services may use personal information disclosed under subsection (2) only to determine the following:
- (a) whether it has received a donation of blood from an infected person and, if so, whether to suspend distribution of the infected person’s donated blood;
  - (b) whether it has provided donated blood to an infected person.

**General collection, use and disclosure of personal information**

17 Without limiting any other provision of this regulation, personal information may be collected, used and disclosed under this regulation if both of the following conditions are met:

- (a) the personal information is
  - (i) collected or used by, or disclosed to, a medical health officer,
  - (ii) disclosed by a medical health officer to the provincial health officer or to another medical health officer, or
  - (iii) collected or used by, or disclosed to or by, the provincial health officer;
- (b) the collection, use or disclosure is necessary for a purpose set out in section 9 (1) (a) to (c), (e), (f), (g) or (h) or 14 of the Act.

**PART 4 – ACTING ON BEHALF OF PROVINCIAL HEALTH OFFICER**

**Provincial health officer may designate duties**

- 18 (1) In this section:
- “information”** includes personal information;
- “report”** means a report that, under this regulation, must be made to the provincial health officer.
- (2) The provincial health officer may designate the executive medical director as a person who may do one or more of the following on behalf of the provincial health officer:
- (a) receive a report;
  - (b) on receiving a report, request and receive further information or disclose reported information;
  - (c) exercise any of the powers or duties of the provincial health officer under Part 3.

- (3) The executive medical director must comply with any directions given, and any limits or conditions set, by the provincial health officer for the purposes of this section.
- (4) If a designation is made under subsection (2), a person who must make a report under this regulation must
  - (a) make the report to the executive medical director, and
  - (b) comply with a request for further information made by the executive medical director.
- (5) If authorized by the provincial health officer, the executive medical director may use and disclose a report and information to conduct or facilitate research into health issues.
- (6) Nothing in this section is intended to limit the power of the provincial health officer to
  - (a) delegate a power or duty under section 69 of the Act, or
  - (b) exercise a power or duty under Part 3 of this regulation.

## **SCHEDULE - REPORTABLE COMMUNICABLE DISEASES**

*(section 2)*

### **Prescribed infectious agents**

- 1** The following communicable diseases are prescribed as infectious agents:
  - (a) acquired immune deficiency syndrome (AIDS);
  - (b) amoebiasis;
  - (c) anthrax;
  - (d) botulism;
  - (e) brucellosis;
  - (f) campylobacteriosis;
  - (g) chancroid;
  - (h) chlamydia;
  - (i) cholera;
  - (j) congenital or neonatal infections, including
    - (i) congenital rubella syndrome,
    - (ii) congenital varicella syndrome,
    - (iii) cytomegalovirus,
    - (iv) hepatitis B,
    - (v) listeriosis,
    - (vi) neonatal group B streptococcal infection,
    - (vii) neonatal herpes,
    - (viii) ophthalmia neonatorum,
    - (ix) syphilis, and

- (x) toxoplasmosis;
- (k) Creutzfeldt-Jakob disease;
- (l) *Cryptococcus gattii* infection;
- (m) cryptosporidiosis;
- (n) cyclosporiasis;
- (o) diphtheria cases and carriers;
- (p) encephalitis;
- (q) giardiasis;
- (r) gonorrhoea (all sites) infection;
- (s) granuloma inguinale;
- (t) group A streptococcal invasive disease.

**Prescribed infectious agents**

2 The following communicable diseases are prescribed as infectious agents:

- (a) hantavirus infection;
- (b) *Haemophilus influenzae* invasive disease;
- (c) hepatitis, viral, all causes;
- (d) human immunodeficiency virus (HIV) infection;
- (e) influenza;
- (f) legionellosis;
- (g) leprosy;
- (h) leptospirosis;
- (i) listeriosis;
- (j) Lyme disease;
- (k) lymphogranuloma venereum;
- (l) malaria;
- (m) measles;
- (n) meningitis;
- (o) meningococcal invasive disease;
- (p) mumps;
- (q) novel coronavirus infections, including Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS);
- (r) paralytic or other shellfish poisoning;
- (s) paratyphoid fever;
- (t) pertussis (whooping cough);
- (u) plague;
- (v) poliomyelitis;
- (w) psittacosis.

**Prescribed infectious agents**

- 3 The following communicable diseases are prescribed as infectious agents:
- (a) Q fever;
  - (b) rabies;
  - (c) rickettsial infections;
  - (d) rubella;
  - (e) salmonellosis;
  - (f) Shiga toxin-producing *Escherichia coli* infection;
  - (g) shigellosis;
  - (h) smallpox;
  - (i) *Streptococcus pneumoniae* invasive disease;
  - (j) suspected food or water borne illnesses, or gastrointestinal illness clusters;
  - (k) syphilis;
  - (l) tetanus;
  - (m) transfusion transmitted infections;
  - (n) trichinellosis;
  - (o) tuberculosis;
  - (p) tularemia;
  - (q) typhoid fever;
  - (r) *Vibrio* infection (non-cholera);
  - (s) viral hemorrhagic fevers, including
    - (i) Crimean-Congo fever,
    - (ii) dengue,
    - (iii) Ebola,
    - (iv) Lassa,
    - (v) Marburg,
    - (vi) Rift Valley fever, and
    - (vii) yellow fever;
  - (t) West Nile virus;
  - (u) yersiniosis;
  - (v) Zika virus infection.