

Non-Profit Housing Provider's Guide to COVID-19 Vaccinations

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BCNPHA

BC Non-Profit Housing Association



ABORIGINAL HOUSING
MANAGEMENT ASSOCIATION



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Guide Overview

The information in this guide is current as of May 2021. No doubt, you as Employers and as Landlords, have many questions about the COVID-19 vaccine.

- Can you force your employees to be vaccinated?
 - Can you require your residents to get the vaccine?
 - Can you demand proof of vaccination?
 - What can you do if someone refuses to be vaccinated?
 - Can you limit someone's access to locations and services?
 - What alternatives exist to vaccination?
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This guide attempts to answer these questions and more bearing in mind that information on the subject is constantly evolving as circumstances change, new evidence emerges, new laws, regulations, and safety restrictions are introduced and then lifted.

This being the case, the guide includes a number of links to websites that are regularly updated.

It is recommended that you visit these sites frequently to obtain the latest information and advice related to the COVID-19 vaccine rollout in Canada, and more specifically, in BC. You can obtain the latest information and guidance from the BC Government website through its [Daily Updates](#).

WHAT IS THE COVID-19 VACCINE?

Vaccines are considered to be a biologic drug. Biologic drugs come from living organisms - very small amounts of weak or dead germs that can cause diseases — for example, viruses, bacteria, or toxins. (1) These drugs are typically larger and more complex than chemically produced pharmaceutical drugs and therefore their effects can be harder to predict.

When a vaccine is administered, it causes the body to build immunity to a specific disease, in this case, COVID-19. It helps the body fight the disease faster and more effectively. A vaccinated person can be exposed to the disease without becoming sick or if they do get sick, there is less risk of severe illness or death.

Canadian public health programs promote vaccines as a means of preventing illness and disease. When given to large numbers of healthy people vaccines have shown, over the course of 50 years, to curb the spread of deadly diseases, hence saving the lives of millions of people of all ages and backgrounds.

There are vaccines for:

- epidemics, such as Ebola
- childhood diseases and debilitating diseases, such as polio
- diseases, such as Yellow Fever, that are common in some destinations
- influenza strains that change every year
- preventing or treating cancer (2)

The vaccines that are approved for use in Canada go through a rigorous process of testing and are highly regulated to ensure ongoing safety, efficacy and quality. Systems are in place to continuously examine and report irregularities. If the evidence suggests that the side effects of a particular vaccine may cause harm, restrictions are placed on its use. The AstraZeneca vaccine, for example, was restricted to specific age groups due to a possible albeit extremely low probability of blood clots.

The [BCCDC](#) is one of the best sources of information about COVID-19 and the BC vaccination program. The Centre reports out weekly on [adverse events](#). The site also asks and answers a wide array of questions and offers up-to-date scientific results that demonstrate the efficacy of vaccination against the virus and its variants.

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1. [Vaccine Basics](#)
 2. [Regulating vaccines for human use in Canada](#)

Let's consider vaccine hesitancy

Even with the vast amount of evidence, there still exists a level of vaccine hesitancy, in other words, a reluctance on the part of some people to be vaccinated.

Vaccine hesitancy, also known as anti-vaccination or anti-vax, is a reluctance or refusal to be vaccinated or to have one's children vaccinated against contagious diseases. People who conform to this view are commonly known as "anti-vaxxers". (3)

There are many reasons for the existence of vaccine hesitancy. Among these is justification based on historical, moral, ethical, and medical grounds and for some, a belief in myths and conspiracy theories. Here are some examples below:

- Distrust of the pharmaceutical industry and the profit motive
- The condensed timeline for the development of the COVID-19 vaccine as compared to traditional vaccines and the introduction of new technology producing new types of vaccines, e.g. mRNA strains
- A belief that vaccines cause deformity and/or developmental disability, epileptic seizures, allergies, multiple sclerosis, and autoimmune diseases such as type 1 diabetes among other chronic medical conditions
- A religious belief that vaccination acts against "God's will" and is therefore discouraged by some faith leaders
- A perception that the COVID-19 vaccines are themselves causing severe illness and death, e.g. AstraZeneca causes life-threatening blood clots.
- A distrust of Government and for some communities, the experiences of systemic discrimination and racism in the healthcare system both historical and current day. Learn more [here](#) from the November 2020 report on Indigenous specific racism in the healthcare system
- A lower sense of urgency among people in wealthier regions that have not experienced the devastation of life-threatening disease and witnessed the firsthand life-saving benefits that vaccination offers
- A belief in conspiracy theories and myths that see vaccinations as a means of governments tampering with one's DNA and/or injecting GPS trackers.
- Concern for a loss of civil liberties, i.e. reduced freedom of choice

While from a public health and safety perspective, you may not agree with some or all of these views, it is very important to acknowledge and respect the fact that vaccination is a matter of individual, personal choice.

COVID-19 Vaccine Benefits

The best way to encourage people to be vaccinated is not to debate the subject, but to offer clear information from trusted sources that convey, in a proactive, evidence-based way, the benefits of people getting vaccinated.



With COVID-19 vaccines, the benefits are evident:

- 1 They offer protection against a person becoming severely ill and possibly dying from the disease.
- 2 Fewer cases means less burden on the health care system and lower risk to people who work in essential services.
- 3 As cases drop and evidence of curbed transmission grows, public health restrictions will be lifted which means people will be able to get together in person in greater numbers; schools and businesses will fully re-open; and we will be able to resume normal, pre-pandemic activity.
- 4 The pandemic will end when a majority of people are immunized against the disease and we have achieved [herd immunity](#) worldwide.

While **the vaccine will protect each of us individually**, the **primary goal of a vaccine program is to immunize the majority of the community, approximately 80%**, so that COVID-19 can no longer spread.

There are other measures outlined below, that you, as employers and landlords, can and should take to help prevent the spread of the disease as vaccination alone will not completely eradicate it.

Bottom line...**the more people in a community who are vaccinated** and therefore protected from the most severe effects of COVID-19, **the greater the immunity and the sooner our lives will get back to a normal state**, whatever that might be, once the virus is under control.

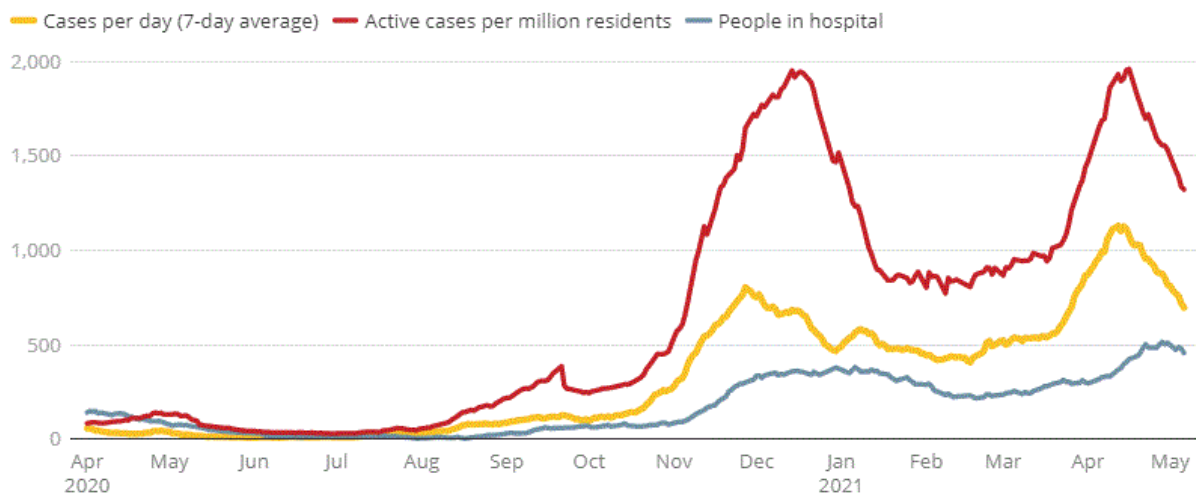


Current Status

As of May 7th, BC had recorded a total of 134,341 infections and 1,602 related deaths since the start of the crisis.



COVID-19 in British Columbia by the numbers



CBC NEWS

Chart: Justin McElroy • Source: BC Centre for Disease Control

Timeline:

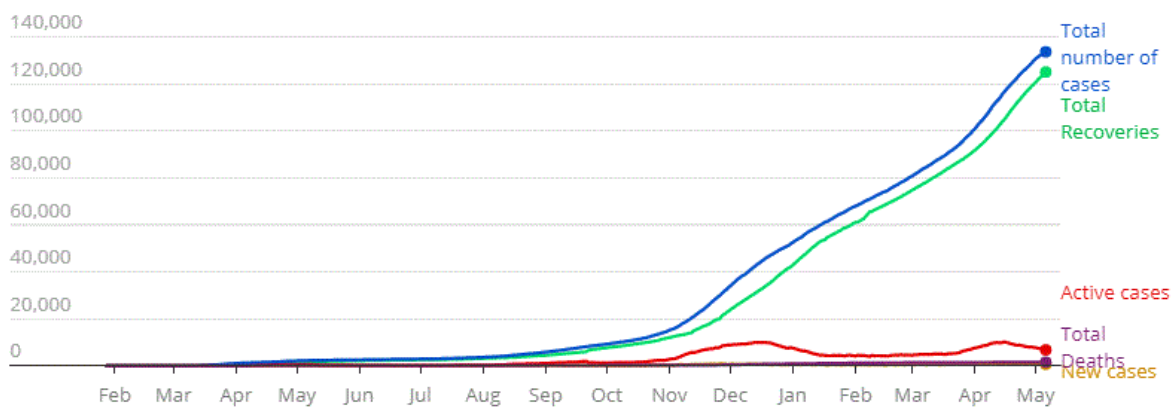
- Late January to early March 2020 - small number of travel-based cases.
- March to mid-May - quick rise in cases dropping to about 10 per day.
- Mid-May to mid-July daily new cases, deaths and hospitalizations remained flat.
- Mid-July to late November - cases rise plateauing in September, and then surging in October and early November.
- November - Province declared a "second wave," mandating masks and banning group gatherings (still in place).
- December to February 2021, cases stabilized and then fell
- February - vaccinations began in long-term care homes.
- Late February - daily cases started rising again and continued
- By April - cases were spiking (beginning of third wave), hospitalizations and deaths were rising.
- End of April - cases started to drop,
- Concurrently the pace of vaccinations increased, but not quickly enough to prevent a surge in hospitalizations. (4)

The COVID-19 virus is particularly insidious as individuals can be asymptomatic, feel totally fine, and be unaware that they have the disease. (5) The fact that seemingly perfectly healthy individuals can carry the virus and not know it, increases the risk of transmission exponentially

A [recent study](#) concludes that around one-third of people with COVID-19 infections are asymptomatic. The study shows just how fast the virus spreads if someone who doesn't feel any symptoms goes out of their house and interacts with people.

COVID-19 cases in British Columbia

Total cases confirmed by the B.C. government at daily* updates to May 6, 2021



Numbers often averaged out for two-day period between Saturdays and Mondays from March to May, and three-day period between Friday and Mondays from June onward.

CBC NEWS

Chart: Justin McElroy • Source: BC Centre for Disease Control, cumulative cases as of May 6, 2021

To complicate matters, the COVID-19 variants, which are prevalent and more virulent than the original strain, have recently been causing cases in BC and across Canada to escalate dramatically. As of May 6th, BC reported variant-related 5,739 cases of COVID-19 of which 212 were active and the balance recovered.

COVID-19 Vaccine Supply:

Approved Vaccines

To date, **four vaccines** have been approved for use by Health Canada. These vaccines are safe, effective, and will save lives.

- 1 The Pfizer-BioNTech vaccine was authorized on December 9, 2020.
- 2 The Moderna vaccine was authorized on December 23, 2020.
- 3 The AstraZeneca/SII COVIDSHIELD was authorized *with conditions* on February 26, 2021.
- 4 The Johnson & Johnson (Janssen) vaccine was authorized *with conditions* on March 5, 2021.



From December 2020 to early April 2021, approximately 75% of Canada's vaccines were supplied as Pfizer-BioNTech and 25% as Moderna. (5)

- Learn about the [Pfizer vaccine](#)
- Learn about the [Moderna vaccine](#)
- Learn about the [AstraZeneca/SII COVISHIELD \(AZ/SII\) vaccine](#)
- Learn about the [Johnson & Johnson vaccine](#) (Janssen)

Vaccine Distribution & Administration

As of May 6th, **Canada had delivered 18,096,092 doses** of the vaccine to the provinces and territories, **2,330,040 to British Columbia.**(7)

Canada experienced a rocky start caused mostly by reduced and/or suspended shipments. There is no vaccine producer headquartered here and so we rely on external sources. Assuming the continued supply of safe and effective vaccines, it is expected that there will be sufficient supply to immunize everyone for whom vaccines are approved and recommended by September 2021. (8)

Administration of the vaccine is under provincial jurisdiction and as such, each Province is scheduling the rollout based on its own set of priorities. BC undertook to vaccinate high risk populations first, i.e. those most vulnerable to severe illness. Click on the image below to see the full details of the rollout plan.



Phases 1 & 2 included residents, staff and essential visitors to facilities serving the elderly, ICU and emergent care hospital workers, and people living in remote and isolated indigenous communities, seniors 80+, medical professionals, vulnerable populations living and working in select congregated settings and staff in community home support and nursing services.

From there, the rollout is largely based on age, in 5 year increments as well as vaccination of individuals aged 76 - 16 who are clinically extremely vulnerable (highly immunocompromised).

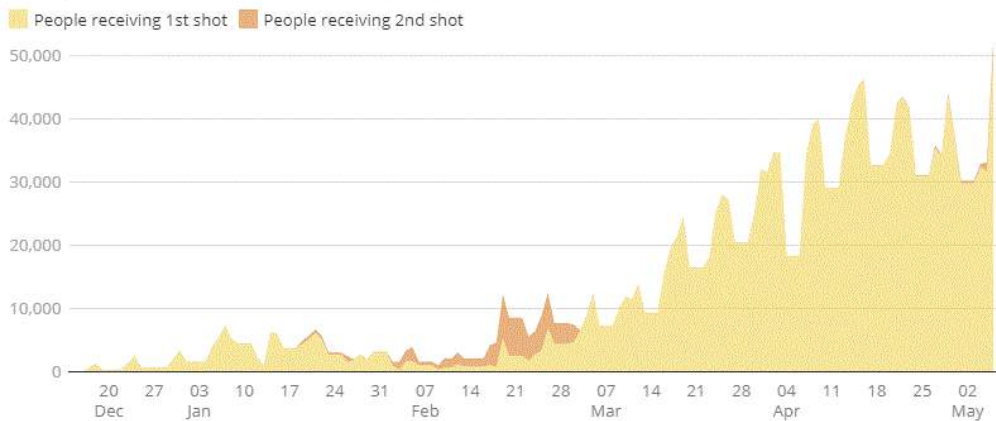
At the present time, all 4 vaccines are considered safe. In rare instances where a health risk is identified, administration of the vaccine is restricted based on the evidence available.

7. For updated information on the supply and distribution of vaccines, check this chart on the Government of Canada [Vaccines for COVID-19: Shipments and Deliveries](#) webpage.

8. [Government of Canada, Vaccines for COVID-19](#)

Vaccine Distribution & Administration

Daily COVID-19 vaccination progress in B.C.



Figures for weekends and the first three days of 2nd shots were given averaged out.

CBC NEWS

Chart: Justin McElroy • Source: BC Centre for Disease Control

Three to four million British Columbians will likely require vaccination for the province to achieve herd immunity, but the initial distribution was slow as production worked to ramp up and other vaccines took time to be approved. In March, B.C. opened clinics to the general public and the pace of vaccinations began increasing steadily to a point where around 40,000 people a day were getting a first dose in April. The province is now at a pace to get at least one vaccine dose in every eligible person by Canada Day. As of May 10th, 2,159,103 had received their first dose; 106,058 or 2.06% are fully vaccinated. ([CBC News - COVID-19 in British Columbia by the Numbers](#))

Unknowns

Despite the significant efforts underway to study and report the effects of COVID-19 vaccinations, there are still a number of unknowns that affect their rollout and administration including:

- When the various vaccines will become available in BC and how this affects the timing of the rollout
- What the duration of immunity is for each dose for each of the vaccines which affects administration of the second dose
- Whether a vaccinated person can transmit the virus
- What, if any, short or long term side effects might be caused by the vaccines
- Whether the vaccines are effective against the variants



Public Perception

Polling indicates that voluntary vaccinations are widely supported. If anything, most Canadians have been frustrated by the lack of supply and the delays in being able to get even their first dose.

Moreover, a [recent poll](#) indicates that about 60% of British Columbians support the idea of requiring a vaccination passport for large events.

However, according to a recent Insights West survey, 'a sizeable minority of Canadians, around 25%, say they don't intend or aren't likely to roll up their sleeves'. (9)

Steve Mossop, president of Insights West, notes that, "Experts have said we need to reach a [threshold of 80 per cent](#) vaccinations to beat this virus, and the current polling numbers suggest this will be a challenge." (10)

YOUR RIGHTS & OBLIGATIONS AS A NON-PROFIT HOUSING PROVIDER

Currently, there is no legal requirement for people to be vaccinated in Canada against COVID-19. There is no conclusive evidence that the COVID-19 vaccines actually prevent the spread of the disease. They are shown to reduce the severity of COVID-19 symptoms and are effective in reducing hospitalizations and deaths but they do not stop people from being infected entirely.

There is no mandatory immunization in Canada or in BC for COVID-19 and no guidance from Governments that speaks to this issue. Provincial health officer Dr. Bonnie Henry stated in a recent news conference:

“We have no mandatory immunization programs in this country and in this province, and we do not expect COVID immunization will be mandatory.”

Thus far, government and public health officials at all levels have said that the COVID-19 vaccine will be voluntary, even at high-risk workplaces.

Until there is conclusive evidence that COVID-19 vaccines prevent the disease and public health authorities provide a clearer and stronger directive in favour of vaccinations, it is unlikely that imposing mandatory vaccinations in the employment or tenancy context, will be possible.



YOUR RIGHTS & OBLIGATIONS AS AN EMPLOYER

Do you have the legal right to force your employees to be vaccinated? The simple answer is no, you do not. The more complicated one is 'it depends'.



There is no legal precedent or labour ruling that deals specifically with employer rights to dismiss or discipline an employee for refusal to be vaccinated.

On the side of 'It depends', two factors ultimately influence the ability of employers to impose mandatory vaccinations:

- the first being conclusive proof that vaccines stem the transmission of the disease, and
- the second, when public health authorities issue clear directives regarding vaccination. (11)

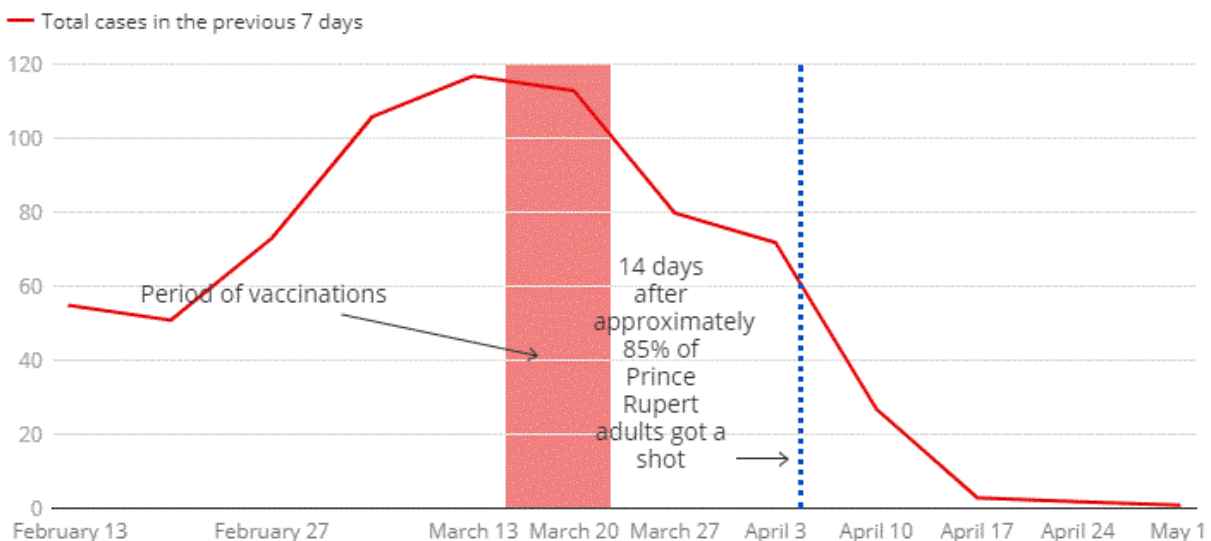
At the present time, there is no legal precedent that would allow employers to make being vaccinated for COVID-19 a condition of employment.

So if you can't mandate it, how do you ensure that your employees get vaccinated against COVID-19?

There are a number of steps you can take:

- 1 The more information people have about the vaccines themselves, the more likely they will feel comfortable about getting one. Here is a great link to [Johns Hopkins Medicine](#) that explains what the various vaccines are and how they work.
- 2 i) Share evidence that the vaccines are working. Report positive outcomes wherever possible. The chart below illustrates Prince Rupert's success in curbing Coronavirus cases through vaccination. Other evidence will emerge over time. Use these positive stories to ease doubts and encourage your employees to get the vaccine.

Weekly COVID-19 cases in Prince Rupert, pre and post-community vaccination



CBC NEWS

Chart: Justin McElroy • Source: BC Centre for Disease Control

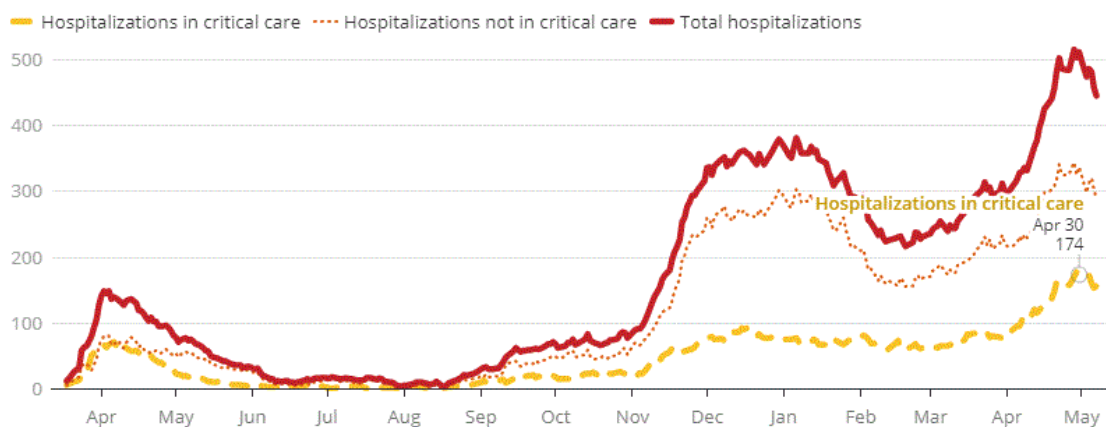


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ii) In your communications, stress the adverse consequences of doing nothing. Talk about the negative impacts on our healthcare systems and professionals. For example, in the recent surge, hospitals in four of the province's five health regions were nearing capacity with 94.9 percent of total beds occupied and 80.9 percent of critical care beds. (12) With this shifting of resources to COVID-19, there are delays and cancellations of scheduled surgeries and a reduction of available staffing, beds and services for emergency care.

Remind people that life will not return to normal until the pandemic is under control and that we need everyone to do their part to eradicate the virus.

Current hospitalizations due to COVID-19 in B.C.



Numbers accurate as of May 7

CBC NEWS

Chart: Justin McElroy • Source: BC Centre for Disease Control

3

Make it easy for your employees to get the vaccine.

i) Provide ready access to up-to-date information about the vaccine rollout plan in your area. These may differ by Health Authority so it is important for your employees to be able to find out what the priorities are in terms of who is getting vaccinated and when, and how and where they may register for each dose. Check this [link](#) for the latest information and access to registration.

ii) Give them time off. On April 1st, the BC government passed legislation that protects workers' jobs while they take leave to get the vaccine. Moreover, on April 19th, the government introduced amendments to the Employment Standards Act that, if passed, will provide workers with up to three hours of paid leave to get each dose of their COVID-19 vaccine. The Health Authorities will provide an immunization record that contains information about the date and type of vaccine received.

iii) Post the locations where your employees can be vaccinated. Immunization clinics are set up in 172 communities in B.C and are being overseen by the local health authority. Mobile clinics are available for some rural communities and for people who are homebound due to mobility issues. Community clinics are located in facilities that can accommodate large numbers including school gymnasiums, arenas, convention and community halls, and some drive-through locations.



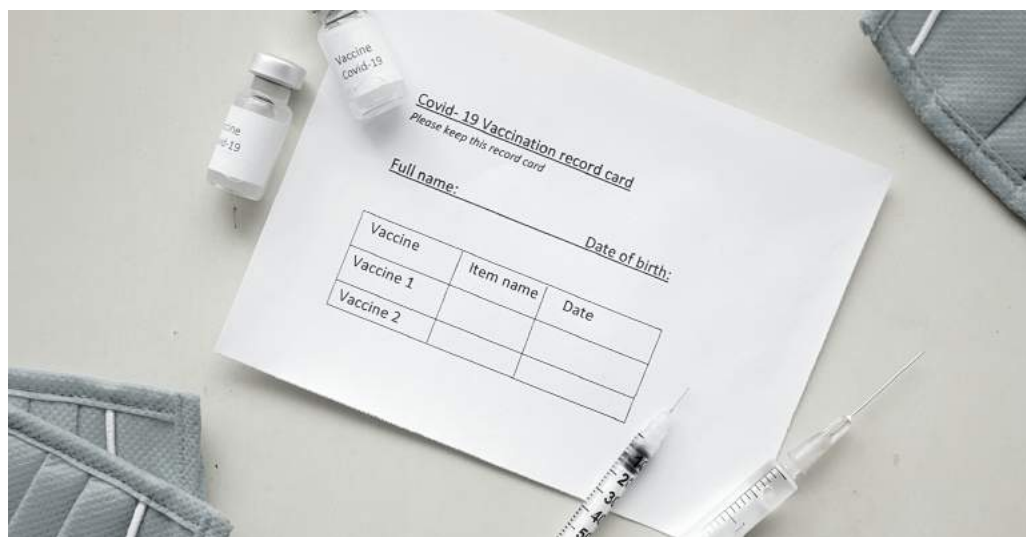
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In some circumstances, it may be necessary to restrict non-vaccinated employees from access to the workplace. Under Occupational Health & Safety legislation, employers have an obligation to ensure that workplaces are healthy and safe. You may not have grounds to make vaccination a condition of employment, but you could reasonably make attendance at a specific worksite conditional upon being vaccinated, say for example, a shelter or congregate living facility. (13) Remember that you also have a duty to accommodate, so for those who have a legitimate reason for refusing the vaccine, you should seek legal advice before taking any action that might adversely affect their rights under employment and human rights laws.



5

In some circumstances, you are able to treat vaccinated employees differently. If, for example, there is an outbreak of the virus in a facility, it would be reasonable to allow vaccinated employees to attend the worksite while requiring others to stay home as a means of addressing occupational health and safety concerns.



13. [No legal grounds for employers to force employees to get vaccinated, say experts](#), CTV News, Dec. 4, 2020

6 Absent making vaccinations mandatory, you may consider a vaccination policy as part of your return-to-work program. You use a screening tool to determine whether it is safe for an employee to return to the workplace. So as part of that exercise, you could ask the employee whether they have been vaccinated, intend to get vaccinated (and when) or do not intend to get vaccinated.



Employees who have been vaccinated may be permitted to return to the workplace first and be allowed to reintegrate with other vaccinated co-workers. (14)

7 Assure your employees that their private information is protected and that you will not collect, store or disclose any personal data that is not needed beyond its intended immediate use. If you are screening your workers, for example, you do not need to retain their personal information except to satisfy the requirements set out in your safety protocols.



Caution: If you indiscriminately treat an employee differently from their co-workers or discipline or terminate an employee for refusing to get vaccinated, be warned that, if they cite a valid reason for refusing to get a COVID-19 vaccine, your actions could amount to a human rights violation. (15) Always seek legal advice before taking any action that could be seen to be punitive.

Can you ask your employees for proof of vaccination?

Collecting information about whether an employee has been vaccinated is acceptable provided you only collect the information that is needed to ensure workplace health and safety and use the employee's personal information for that purpose alone. This and other COVID-19 prevention measures, such as health checks and temperature screening, are viewed as reasonable for protecting worker health and safety.

Three other factors are important here:

- First, you need to be mindful of how Human Rights legislation applies in terms of an employee's right to refuse to be vaccinated on the basis of disability, gender (pregnancy), and/or religious practice. Collecting the information may be reasonable but using it to arbitrarily treat those who do not get vaccinated differently without a legitimate basis for worker health and safety, may pose a legal risk. Always consult legal advice before taking action.
- Second, for unionized employees, the terms of their collective agreement will apply and you may need the union's consent to introduce such measures.
- And finally, for practical reasons, if the vaccine is in short supply, the employee may be unable to be vaccinated for reasons beyond their control.

It's notable that the BC government is already working on the rollout of a digital passport. In Canada, a digital passport for SARS-CoV-2 immunization could take the form of a scannable bar code or Quick Response (QR) code showing vaccination status, which would be stored on a smartphone device in the same way as an airline boarding pass.

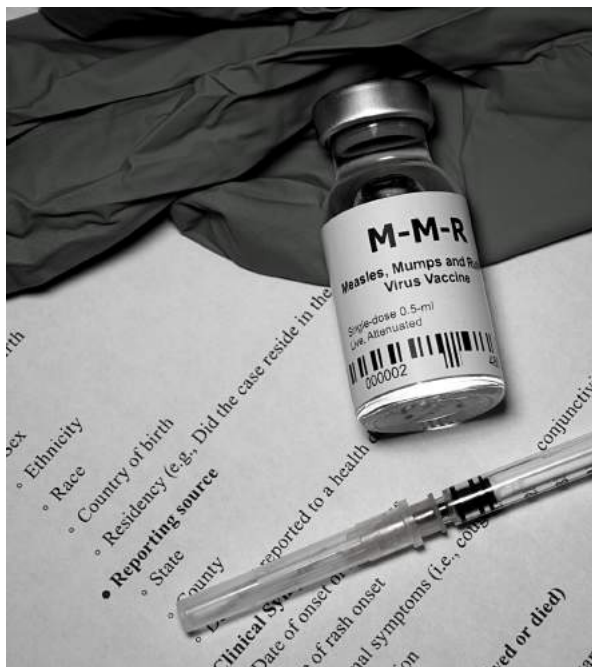
Dr. Kumanan Wilson, a researcher in public health innovation at the Ottawa Hospital Research Institute feels that there's a good argument to be made for demanding proof of vaccination in some circumstances. He notes that "there is a distinction between proof of immunization and mandatory immunization. We already have proof of immunization needed for a variety of uses including school vaccine mandates and international restrictions on travelers. Just as metal detectors became ubiquitous after the 9/11 terrorist attacks, he said, proof of immunization will become more routine."

LEGAL FRAMEWORK

There are a number of pieces of legislation and regulations that govern **your rights and responsibilities as Employers in mitigating the risks associated with the pandemic.**

Appendix A provides an outline of the key legislation and regulatory authorities that govern an employer's action during a pandemic. These are:

- [BC Employment Standards Act](#)
- BC's Occupational Health & Safety legislation administered by [WorkSafe BC](#)
- The BC [Human Rights Code](#)
- The federal [Quarantine Act](#)
- The [Personal Information Privacy Act](#)
- The [Office of the Provincial Health Officer](#) (PHO)
- Case law



MANDATORY VACCINATION POLICY

There may be situations where a mandatory vaccination is justified. Every workplace is different; some pose higher risk than others, e.g. a homeless shelter vs. a residential building. So if you are thinking about making vaccinations mandatory for some of your workers, you should seek legal advice as your policy needs to address not only workplace health and safety and employees' interests but also consider labour and employment as well as privacy issues.

If you do develop a mandatory vaccination policy, make sure that it is reasonable and very clear in its purpose and intent. You also need to give those employees governed by the policy, enough advance notice before implementing it.

Moreover, while the mandate may not apply universally to your entire workforce, you need to be consistent in its application and enforcement to those that are impacted by it to avoid allegations of discrimination. Again, seek legal advice before taking action.

If you are considering a Mandatory Vaccination Policy, a sample policy is available from [HRInsider.ca](#).

Vaccination Alternatives

As an Employer, you have an obligation to ensure a safe and healthy workplace for your workers. Since the arrival of COVID-19 in early 2020, long before the advent of a vaccine, employers have had to develop and implement comprehensive safety plans aimed at controlling the spread of the virus within their places of work.



Safety Protocols

Public health guidance for workplaces, and government legislation and regulation(s) designed specifically for the COVID-19 pandemic remain unchanged and continue to apply regardless of worker or customer vaccination status. (16)

Even with vaccinations, public health officials are stressing the need to continue safety protocols like social distancing, masking, disinfecting hands and surfaces, and avoiding social gatherings until case numbers show that the pandemic is under control.

BCNPHA & AHMA's [Return-to-Work Guide](#) outlines a range of steps that you can take to safeguard the health of your employees and clients. In particular, the section on [Minimizing Risk](#) contains information on measures intended to prevent the spread of infection. The section is included as Appendix C in this Guide.

As you look through these measures, you will be amazed by how many are commonplace today and yet one year ago, they seemed so foreign and, in some cases, extreme actions to take to protect worker health and safety.

Since the introduction of these measures over a year ago, the Province has mandated a number of safety protocols in the workplace.

SCREENING USING DAILY HEALTH CHECKS



Screening or health checks are self-assessments that pose a number of questions intended to determine if the employee has contracted, or has been exposed to, COVID-19 in recent days.

On December 16, 2020, the PHO issued an order that requires employers in all regions to conduct a daily health check of its workers before they enter the workplace.

Employees complete the checklist before entering the workplace and if they answer yes to any of the questions, or refuse to complete it, the employee may be denied entry and sent home. Similarly, if a worker has been working from home or on a COVID-19 related leave, you can insist that they complete the checklist prior to their physical return to the workplace. Again, if they answer yes to any of the questions, you can deny them entry to the worksite.

WorkSafe BC's entry [poster](#) provides a list of symptoms and restrictions that workers must review and respond to as part of the health check. A hardcopy checklist is available for workers to complete or it can be done online. For more information, check WorkSafe BC's [FAQs](#) on daily health checks.

When screening employees or other workers entering the workplace, you must comply with privacy laws governing the collection, use and disclosure of personal information.

These measures in combination with your employees and residents being vaccinated, at the very least, lessen the impact of infections and at best ultimately stem the spread of the disease.



THE NON-PROFIT AS LANDLORD

THE LEGAL FRAMEWORK

There are a number of pieces of legislation and regulations that govern your rights and responsibilities as landlords. Appendix B provides an outline of the Legal Framework governing the tenancy relationship during a pandemic. This includes:

- Common Law Obligations
- The [Occupiers' Liability Act](#) of BC
- The [BC Residential Tenancy Act](#)
- The [Office of the Provincial Health Officer](#) (PHO)
- Orders from the Minister of Public Safety and Solicitor General
- The BC [Human Rights Code](#)
- The [Personal Information Privacy Act](#)



Landlords owe a general duty of care at common law to ensure premises are reasonably safe. Losses arising from a failure to meet the reasonable standard required can result in liability in negligence or other tort law. Legislation and regulatory authorities also impose and expand upon a landlord's duties, including a duty of care to persons regarding premises where a landlord is responsible for maintenance or repair, as well as a duty to ensure a residence is reasonably suitable for occupation, and complies with health, safety, and housing laws. Orders from the Provincial Health Officer of Minister of Public Safety can also expand upon these duties and responsibilities, but it is important to note that many of these Orders are temporary and will end when the State of Emergency ends. Even so, the common law or other statutory duties for landlords to ensure premises are reasonably safe, will continue, and landlords should always be mindful of these.

Legislation and regulatory authorities also provide tenants with significant rights that must always be respected and considered. Tenants would also be subject to the same public health and ministerial Orders, but also have rights regarding use and access to their rental spaces and in some cases the right to have a reasonable number of guests.

A key issue for non-profits to navigate moving forward will be to balance their safety and health obligations with the individual rights of tenants, including tenant privacy and human rights. Non-profits should be mindful of these rights and obligations and do their best to try and balance these in any considerations or decisions they make that affect a tenancy relationship.

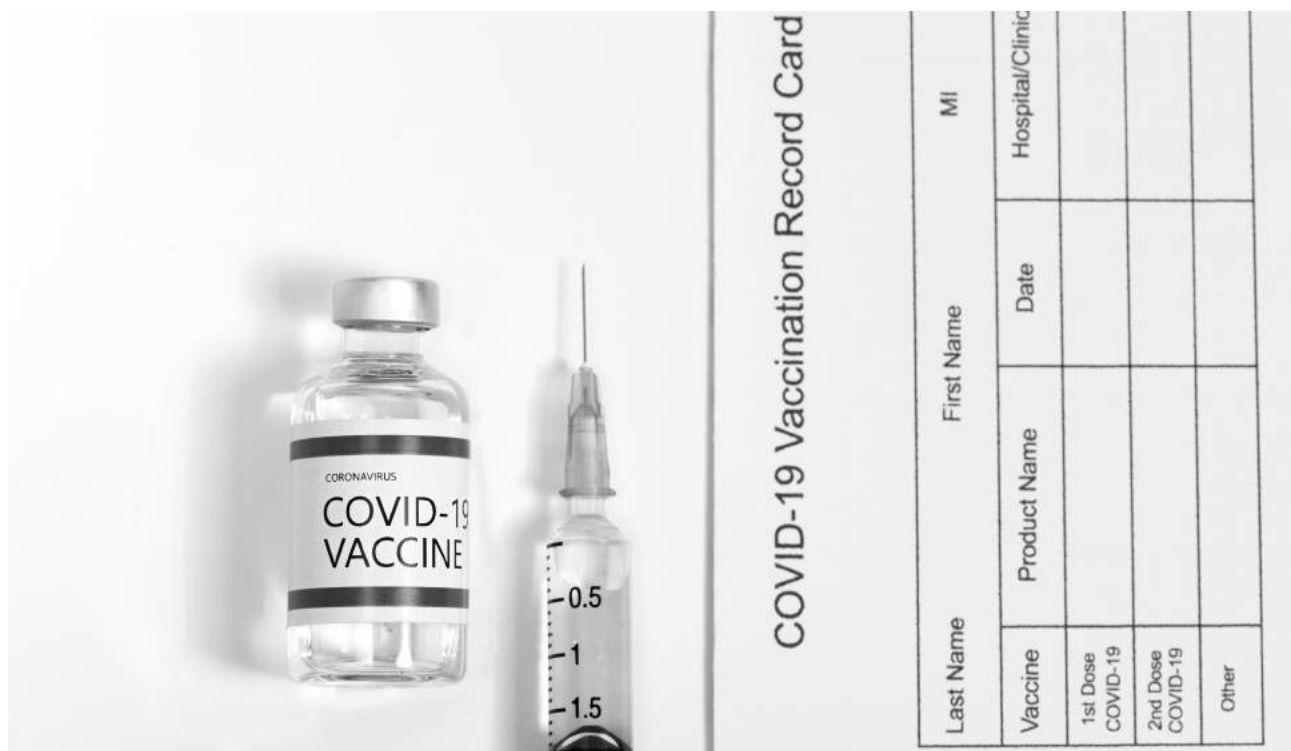
Non-profits should also be familiar with the **terms and conditions of any contracts relevant to their situation**, which may include written terms, verbal terms, or a combination of both, and may also include rules, regulations, and policies developed by the non-profit from time to time. Absent a written contract, or where the written contract is silent on a term or condition, the relationship will be determined by legislation and some terms and conditions may be implied by case law. If aspects of a written contract contradict legislation, that aspect, or in some cases the whole contract, might be unenforceable. Landlords and tenants should start with any written contract between them, including any rules, regulations, and policies, to see what they say (or do not say) about any rights and responsibilities. It is likely that many of these, at present, are silent on key issues pertaining to the pandemic, but it is certainly possible that these impose additional rights or obligations on the landlord or tenant.

Finally, non-profits should be aware of the applicable legislation and resources available, but there is a significant amount of complicated material, with numerous issues, obligations, requirements, and regulations involved, that are constantly changing. Also, the concept of balancing rights and obligations is not always straightforward. Accordingly, non-profits should seek legal advice before making any decisions regarding a tenancy relationship, including imposing any new policies or procedure, to ensure they understand any specific risks or obligations in their specific circumstances, and are properly balancing any competing rights and obligations.



SUGGESTIONS FOR LANDLORDS

Should you encourage your tenants to get vaccinated against COVID-19? While general encouragement is probably fine, any sort of requirement, screening or more specific questioning of tenants, at this point in time, would likely create more problems for landlords than the benefits being sought to keep their premises or other residents safe.



Until there is specific legislative or health authority direction, landlords are unlikely to be able to mandate vaccinations for tenants and should always be careful about requesting any personal information, especially health information, including about vaccinations. The same concerns would apply to landlords implementing any sort of health checks or screening, log entry, or temperature checks. Accordingly, these types of programs or procedures would not be advisable at this point in time.

Non-profits should instead focus their energy and efforts into educating themselves on the relevant issues in a tenancy relationship and vaccinations, and then provide any helpful information and education to tenants regarding vaccinations and COVID-19. In addition, non-profits should continue to promote other methods of COVID-19 prevention where applicable, including masks, physical distancing, and increased sanitation.

In addition to reviewing this guidance document, non-profits should regularly review and familiarize themselves with the COVID-19 guidance and resources available on the [BC Housing](#) website. The BC government regularly updates a useful section entitled [COVID-19 and tenancies](#), which provides landlords and tenants with general information about rights and obligations.

Education Landlords should also review this useful and comprehensive [document](#) published in the Spring of 2020 by the National Collaborating Centre for Environmental Health in concert with the BC Centre for Disease Control, which outlines obligations and provides suggestions for keeping multiunit residential buildings safe. Despite some of the research regarding COVID-19 being out of date and prior to the availability of the COVID-19 vaccine, many of the suggestions contained in this resources would still be relevant for housing providers to consider today.

Landlords should also include signs and posters in common areas and provide information in their conversations with tenants to educate them on the helpful resources and material available.



In addition to education, landlords should focus their attention on the common area spaces in buildings that they can control, such as hallways, lobbies, stairwells, elevators, and other common spaces. Where applicable, you can enforce mask-wearing in these common areas, keeping in mind the exceptions and duty to accommodate under the Human Rights Code. Landlords should include signs and posters in these common areas to promote keeping these areas safe.

Common Areas

You can also reasonably restrict or schedule the use of common or shared areas, while still keeping in mind that you cannot prevent or interfere with the access to the tenant's rental unit. Temporary restrictions on access to common areas would be reasonable if they are: (17)

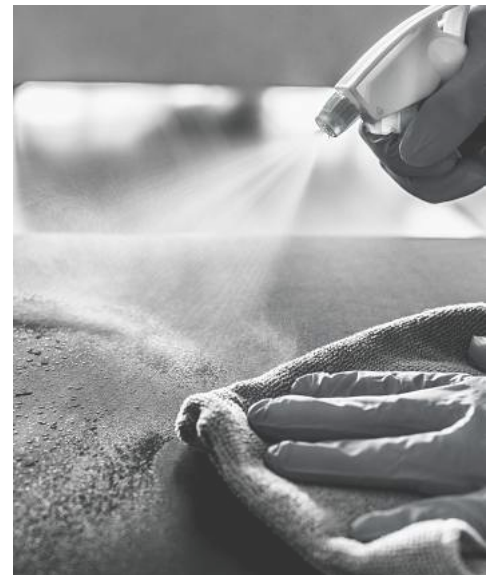
- To protect the health, safety or welfare of the landlord, tenant, occupant, or guest of the residential property due to COVID-19;
- To comply with an order of a federal, British Columbia, regional, or municipal government authority, including orders made by the Provincial Health Officer or under the Emergency Program Act; or
- To follow the guidelines of the British Columbia Centre for Disease Control or the Public Health Agency of Canada.

Cleaning

Landlords should continue to focus on increased efforts at cleaning and regularly reviewing information on cleaning procedures from the [BC Centre for Disease Control](#).

Policies

Landlords should consider what amendments could be made to any new contracts or policies moving forward. Regularly reviewing contracts and policies is always best practice, but the COVID-19 pandemic has especially brought issues to the forefront that should be considered. Any amendments to existing contracts or relationships should be done carefully and with the guidance of legal counsel, to ensure that the changes are enforceable and permissible at law.



17. <https://www2.gov.bc.ca/gov/content/housing-tenancy/residential-tenancies/covid-19#:~:text=The%20ban%20on%20issuing%20evictions,du%20before%20March%2018%2C%202020>

A Note About Incentives

Although there have not yet been any specific cases or directives addressing a landlord offering monetary or other incentives to tenants to get vaccinated, landlords should be careful with any sort of policy or program that could result in differential treatment among its tenants. While the idea may originate from good intentions, a tenant may not be able to be vaccinated on the basis of a protected personal characteristic under the Human Rights Code, such as physical disability or religious beliefs, so any programs or offerings should be mindful of this possibility.



Taking a Careful and Thoughtful Approach

In all situations, landlords should review all of the information available to them and take a careful and thoughtful approach to any changes it may be considering to its tenancy relationship. In every decision, landlords should carefully weigh their duties and obligations to keep a safe premises with the individual rights of their tenants. As noted previously, obtaining legal advice for a specific policy or action you are considering would be advisable, especially given the potential privacy and human rights issues involved.

Since the COVID-19 vaccine is relatively new, and other useful methods of COVID-19 prevention are available, it would be prudent at this time for landlords to focus more on those other methods of prevention, until more is known about vaccinations and more legislative direction or requirements are developed.

Landlords are unlikely to be held liable in situations where they have acted reasonably, sought legal counsel, and taken a careful and reasonable approach to any interactions or decisions involving tenants. Conversely, quick and unilateral action by landlords, without carefully considering all of the rights and obligations involved, is more likely to result in problems for landlords.

When will this madness end?

Currently, forecasters are predicting a gradual return to normal by the fall of 2021. All of this depends of course, upon our ability to stave off infections from COVID-19 variants and the willingness of British Columbians to get vaccinated.

A return to normal will be gradual and may differ for different locations and different industries across the province. And you can expect to see safety protocols and precautions in place for the foreseeable future.

As caseloads drop and we start to get control over the virus, there will be a lifting of restrictions. You'll be able to:

- Gather in larger numbers
- Not wear masks outdoors
- Attend large events
- Travel more freely to destinations in and outside the province
- Dine indoors at restaurants
- Return to the workplace for those who have been working at home

Lifting restrictions will be conditional on several factors including:

- **The number of people immunized and level of community immunity**
 - Three to four million British Columbians will likely require vaccination for the province to achieve herd immunity
 - As of May 10th, 2,159,103 had received their first dose; 106,058 or 2.06% are fully vaccinated
- **The number of COVID-19 cases in the province**
 - The number of cases reflects how quickly the virus is spreading
 - To date, BC has recorded 136,100 cases of COVID-19; about 2,641 per 100,000 population (Canada's numbers are 3,401 per 100,000 population)
 - The case numbers are dropping - down 18% in the last 7 days
- **The health care system capacity**
 - Hospitals beds and ICU admissions are highly impacted by COVID-19 placing a significant strain on the healthcare system
 - On average, for the most severe cases, death occurs about 3 weeks after the person has become infected
 - In the last 7 days:
 - Deaths have increased 4%
 - Hospitalizations have gone down: by 14.8%
 - As cases drop, the number of deaths should follow.

For updates on vaccinations, cases and impact of the pandemic, follow CBC News [Tracking the Virus](#).

Appendix A

THE LEGAL FRAMEWORK FOR EMPLOYERS

The following statutes and authorities comprise the legal framework and set out the rights and responsibilities of employers during a pandemic:

[BC Employment Standards Act](#) – sets out leave provisions that protect workers’ rights by providing them with unpaid, job-protected leave due to illness or injury. With respect to COVID-19, reasons for such leave include having been diagnosed with COVID-19; being in quarantine or self-isolation in accordance with an order of the PHO or other health agencies; a need to provide care to a dependent for a reason related to COVID-19; being outside BC and unable to return to work due to travel or border restrictions; and finally, where the Employer has directed them not to work due to a concern about their exposure to others.

BC’s Occupational Health & Safety legislation administered by [WorkSafe BC](#) provides protections to ensure a healthy workplace and the right of workers to refuse unsafe work. WorkSafe BC’s [website](#) offers a wealth of information, tools and resources for Employers specifically about vaccinations and other ways to manage COVID-19 related risk in the workplace.

The BC [Human Rights Code](#) provides protections to individuals from discrimination and harassment. The protected ground that applies to COVID is physical and/or mental disability. Workers who’s health is affected by the virus cannot be discriminated against.

The federal [Quarantine Act](#) the purpose of which is to protect public health by taking comprehensive measures to prevent the introduction and spread of communicable diseases.

The [Personal Information Privacy Act](#) in BC regulates the collection, use, and disclosure by private sector and non-government organizations of an individual’s personal information. This includes any information related to COVID-19. When collecting information, your actions must be such that a reasonable person would consider appropriate in the circumstances. With respect to issues of health and safety, collecting or using personal information to screen for COVID-19 to limit exposure in a workplace or public space is likely reasonable in the current climate. (18) How the information collected is used and ensuring that it is not improperly disclosed is the key issue for Employers.

18. [Thomas Reuters Practical Law](#)

Appendix A (continued)

The [Office of the Provincial Health Officer](#) (PHO) serves a critical role in monitoring public health and advising the BC Government on public health related legislation, policies and practices. More importantly, under a provincial state of emergency which the pandemic is deemed to be, the Provincial Health Officer makes orders as needed and you can find the most up-to-date orders by clicking [here](#).

Collective Agreements (CA) stipulate the terms and conditions that govern the Employer-employee (union member) relationship. They also contain processes that the Employer must follow to allow the union to represent its member in any claims, grievances or disputes. Unless the member waives their right to union representation, these processes take precedence over those outlined in the legislation. Human Rights is a good example. The employer-employee relationship is governed by the CA which provides a process for resolving complaints covered by protected grounds in the Human Rights Code rather than through the Human Rights Tribunal itself.

Case law represents that body of decisions made by the courts that offer guidance on the actions that Employers can legally take in their dealings with employees. To date, there have been no significant decisions pertaining to COVID-19 and employment law. There is, however, case law on the subject of mandatory vaccination but it is limited to influenza where vaccination efficacy is usually between 20 and 60% and flu viruses can vary from season to season. Typically, the courts and arbitrations have ruled in favour of policy that provides for a mask alternative ('VOM' or Vaccinate or Mask) in high risk settings like healthcare facilities, usually unionized workforces.

Appendix B

THE LEGAL FRAMEWORK FOR LANDLORDS

The starting point for determining rights and obligations in a tenancy relationship is generally the contract between the landlord and tenant, as well as the general duty of care at common law to ensure premises are reasonably safe. In addition to these, there are a number of pieces of legislation and regulations that govern your rights and responsibilities as landlords during a pandemic:

Under the [Occupiers' Liability Act](#) of BC, landlords can be considered an "occupier" and therefore owe a duty of care to persons on the premises regarding the safety of the premises. This applies in most cases to common areas of a building, but can apply to any premises where the landlord is responsible for maintenance or repair and extend to the activities and conduct of parties on the premises. A landlord can therefore be liable for losses arising at such premises, but only for losses arising from a landlord's failure to maintain or repair. Key issues in many of these cases include whether the losses are reasonably foreseeable as well as whether is contributory fault on the part of the tenant.

It will not come as a surprise that a landlord's duty of care to residents in the context of COVID-19 and vaccinations, has not yet been addressed by any court or tribunal, to date, and it may well never happen. Suffice to say, under this aspect of the legal framework, landlords should simply be aware that they owe a duty of care to tenants to ensure that the residence is reasonably safe and complies with safety and housing standards and could be liable. It seems unlikely that a failure to mandate or even encourage vaccinations for residents, at this stage, would result in liability for the landlord, but it will be interesting to see if any cases or decisions address this issue in the coming months.

Appendix B (continued)

THE LEGAL FRAMEWORK FOR LANDLORDS

Ministerial Orders during the COVID-19 pandemic, such as the [Ministerial Order No. M120](#) passed last year, reduce the likelihood of liability for **essential services** during the pandemic. Based on this Order, essential services include vulnerable population service providers, namely: “businesses, government and non-profits that provide care, food, shelter, social, and support services, and other necessities of life for economically disadvantaged or otherwise vulnerable individuals including for seniors, children, or individuals with disabilities, such as...transitional, social and supportive housing; residential and care facilities; and single-room occupancy housing....” and “b) Community services and outreach for immigrant, refugees, vulnerable populations and non-market housing”. The Order provides under 3(1) that:

3 (1) A person is not liable for damages resulting, directly or indirectly, from an individual being or likely being infected with or exposed to SARS-CoV-2 as a result of the person’s operating or providing an essential service if, at the relevant time, the person:

(a) was operating or providing the essential service in accordance with all applicable emergency and public health guidance, or

(b) reasonably believed that the person was operating or providing the essential service in accordance with all applicable emergency and public health guidance.

This Order also notes that this exception will not apply to a person referred if, in operating or providing the essential service, the person was **grossly negligent**. As such, this requires a higher statutory standard of gross negligence in order to find an essential service liable during the COVID-19 pandemic. This Ministerial Order is a good example of legislative support for essential services who are doing their best to operate in accordance with applicable emergency and public health guidance. This Ministerial Order will end when the State of Emergency ends, and others are likely to end at that time as well.

Appendix B (continued)

THE LEGAL FRAMEWORK FOR LANDLORDS

Specific to a residential tenancy, there are minimum requirements prescribed by the [Residential Tenancy Act](#), such as complying with health, safety, and housing laws, and providing premises that are reasonably suitable for occupation. Landlords have an obligation to keep their buildings safe, but standard terms of a tenancy agreement governed by the Residential Tenancy Act pertaining to guests include that a landlord must not stop the tenant from having guests under reasonable circumstances, and the landlord must not impose restrictions on guests, except for reasonable restrictions on guests' use of common areas. It is also a fundamental principle of residential tenancy that landlords do not restrict access to or from residential units, so anything that would do so, including any prevention or limitation on the basis of a tenant being vaccinated or not, would not be permissible. It is important to note that while independent living facilities are governed by the Residential Tenancy Act, assisted living and long-term care facilities are not, with any rights and obligations typically governed by contract. This means that while assisted living and long-term care facilities could be subject to a prohibition on guests to "essential visitors", independent living facilities may not be because of the standard term of tenancy relating to guests being permitted under reasonable circumstances. This highlights the importance of specific housing providers getting specific advice and direction on their situation to determine what legislation and directives will apply to their specific situation.

Any statements or directives from the [Office of the Provincial Health Officer](#) (PHO) should also be carefully observed and monitored by landlords, including the most recent [orders](#) made. Landlords also have an obligation under public health legislation to prohibit the creation of a public health hazard, such as unsanitary premises, and may have an obligation to impose precautionary measures under this and other emergency legislation. Tenants would also be subject to these orders.

Appendix B (continued)

THE LEGAL FRAMEWORK FOR LANDLORDS

There are two key pieces of legislation that provide rights and protections for tenants and should always be considered by landlords in any decisions being made.

The BC [Human Rights Code](#), like the employment relationship, is applicable in a tenancy relationship. Similar to employers, landlords also have a duty not to discriminate against tenants in the tenancy relationship. Discrimination is poor treatment based on a personal characteristic, and could occur in renting a space, in the terms and conditions of a tenancy, or by evicting a tenant. A landlord has a duty to accommodate (i.e. to take all reasonable steps to avoid a negative effect based on a personal characteristic). The personal characteristics protected in tenancy that are most likely to arise during the COVID-19 pandemic are physical disability or mental disability, but other protected personal characteristics include: race; colour; ancestry; place of origin; religion; sex; gender identity or expression; sexual orientation; marital status; family status; age; and lawful source of income. Relevant protected grounds to consider in the context of vaccinations would be physical or mental disability or religion.

The [Personal Information Privacy Act](#) in BC would also apply in the context of a tenancy relationship. As noted in the employment section, this regulates the collection, use, and disclosure by private sector and non-government organizations of an individual's personal information. Any person, corporation, or unincorporated association offering to rent any property in BC, must comply with PIPA. In most circumstances, a landlord needs consent to collect, use, or disclose an individual's personal information. Once a landlord collects personal information, they can only use it for the purpose that a reasonable person would consider appropriate in the circumstances and that fulfill the purposes that the landlord discloses to the individual. PIPA presumes that an individual's personal health information is highly sensitive, therefore, landlords should be careful about asking any personal health questions of tenants or guests, as in many cases it may be difficult to justify why this would be necessary in the context of the tenancy relationship. Failure to comply with PIPA could trigger a court or tribunal challenge.

Appendix C

MINIMIZING RISK

Risk mitigation measures are categorized as follows:

1. Physical Distancing Measures
2. Engineering Controls
3. Administrative Controls
4. Personal Protective Equipment (PPE)

Large numbers of people returning to any shared location represent a huge risk for the spreading and contracting of the virus. Managing the number of people in one location is critical to protecting the health and safety of employees, residents, and visitors alike. The higher the number, the higher the risk. Here are some steps you can take (*denotes could be applicable in both employment and tenancy context for multi-unit residential buildings):

Physical Distancing Measures

a) Allow work-at-home arrangements	Wherever possible, allow employees to work from home to reduce the number of people at the work location at any one time.
b) Remind people to avoid physical contact of any kind	Post signage and verbally remind people to avoid physical contact such as handshakes, pats on the back, hugging, etc.
c) Use floor markers for distance & direction	Affix position and directional markers on floors at reception and cash transaction areas to enforce physical distancing.
d) Limit number of passengers in a vehicle	Limit the number of passengers in a vehicle depending on size and seating. Deploy additional vehicles if necessary and require use of masks and gloves while in a vehicle.

Appendix C (continued)

Physical Distancing Measures

<p>e) Set occupancy limits for elevators & common areas</p>	<p>Based on square footage and a standard of 2 metres (6 feet) distance, set a minimum occupancy level for common areas and post signage to impose the limits.</p>
<p>f) Considerations for events & cultural gatherings</p>	<p>Establish and widely communicate policies that inform about the need to comply with the Province's Public Health directives related to gatherings of more than 50 people. This would apply to all use of grounds, common amenity space, and facilities under the employer's management.</p> <p>There is guidance available to groups that serve indigenous peoples from the First Nations Health Authority regarding cultural gatherings (e.g., sweat lodges, potlatches, ceremonies and other gatherings).</p> <p>See https://www.fnha.ca/about/news-and-events/news/fnha-fnhc-fnhda-advise-against-all-gatherings-to-prevent-covid-19-spreading for more information.</p>
<p>g) Secure amenity spaces</p>	<p>Lock and/or limit access to rooms and or areas of a site where physical distancing is difficult to maintain. This might include supply rooms, children's playgrounds, cultural sites such as sweat lodges.</p> <p>Will all areas of the workplace be opened, or will some areas remain closed or restricted to prevent gathering, such as kitchens, cafeterias, lunchrooms, cafes, photocopy or supply rooms, patios, etc.?</p> <p>If you allow access, ensure that it is supervised and falls within the standards recommended by BC public health authorities for safe physical distancing.</p>

Appendix C (continued)

Engineering Controls

a) Install Plexiglas barriers	Install Plexiglas barriers at reception and service desks
b) Install/increase ventilation	Open windows if and use fans to increase air flow. If possible, make changes to HVAC systems to improve air circulation and ventilation.
c) Temporary fencing or barricade tape to block access	Erect physical barriers to block access and/or use of restricted areas such as playgrounds, stairways, common areas, etc.
d) Reconfigure the layout of office workstations	Move workstations to ensure a minimum 2-metre separation if possible. If this is not possible, find ways to alternate occupied workstations with vacant ones throughout the workday.
e) Physical space between seating	Remove or post signage on seating to maintain physical distance between individuals.
e) Isolation areas for clients with COVID-19 symptoms	In the case of shelters, ensure that there is an area within the space that is separated from the general population where individuals who show signs of being ill can self-isolate.

Appendix C (continued)

Administrative Controls

a) Temporary policies that stress stay at home if sick

Consider amending current sick leave policy to encourage employees to stay home if they are sick. This may mean offering additional leave deemed 'COVID-19 Sick Leave' and/or expanding the leave to allow for use of vacation credits or special leave days. The intent here is to add more leniency in order to protect others from being exposed to an infected worker who might otherwise feel compelled to come to work. Medical notes should not be required.

b) Sanitization of "high-touch" areas and commonly used conveniences & equipment

Move workstations to ensure a minimum 2-metre separation if possible. If this is not possible, find ways to alternate occupied workstations with vacant ones throughout the workday.

c) Use of disinfectants, hand sanitizer & soap

Good news! Coronaviruses are enveloped viruses. This means they are one of the easiest types of viruses to kill with the appropriate disinfectant when used according to the label directions.¹ Use regular household cleaners or diluted bleach to clean hard surfaces.

One of the best things people can do to prevent spreading COVID-19 is to wash their hands frequently with warm water and soap for at least 20 seconds. If soap is unavailable, use hand sanitizer with a minimum of 60% alcohol base. Again, instruction on the handling and technique for using cleaning products, soaps and sanitizers is important to effectively contain the spread of the virus.

Appendix C (continued)

Administrative Controls

d) Signage & bulletins

Signage is critical in conveying information to people who work, live in or visit your sites about your COVID-19 protocols. Use signage to instruct on how-tos (e.g. handwashing), occupancy limits, distancing precautions, etc. Similarly, bulletins are useful tools in educating workers and residents on the measures you are taking and how they are meant to prevent infection.

e) Eliminate 'wait' areas, book appointments instead

If your Society typically offer services to 'walk-ins', or has suppliers, deliveries and other unscheduled visitors, you will need to impose greater control on traffic in and throughout your sites. Post signage and send out notices that all visitors will require an appointment before being permitted to enter your office(s) or worksites.

f) Return-to-Work Questionnaires

Employers may use Return-to-Work questionnaires to ascertain whether an employee who has been on COVID-19 related leave is cleared to return to the workplace. The questions will be similar to those asked when screening visitors (see above). Answering 'yes' to any of the questions posed may require the employee to work from home or remain on lay-off until they are fully cleared to return.

Appendix C (continued)

Administrative Controls

g) Visitor Screening

Screen all visitors prior to arrival by having them respond to the following questions:

- Have you traveled out of the country in the past 14 days?
- Have you experienced fever-like symptoms such as cough or shortness of breath?
- Have you recently had contact with any person(s) that is/are confirmed or suspected of having fever or flu-like symptoms?

If they answer 'yes' to any of the above, they would not be permitted entry.

Note: You may post these criteria at the entrance as well.

h) Worksite Visitor Logs

The ability to identify and track visitors to your office and worksites is important if the visitor encounters someone who is later found to have the virus. A Visitor log will allow you to record the visitor's name, time (date and time in and out) and purpose of visit, who they are visiting and a contact email or phone number.

If you use a physical logbook, keep in mind that you will need to disinfect the sign-in book, pens, and counter after each use.

Note: This does not apply to people visiting tenants.

i) Temperature Screening

As one of the main symptoms of COVID-19 is a fever, some employers have started screening employees using touchless temperature scanners before they are permitted to enter the workplace. This type of thermal testing is non-invasive and as such, could be considered a reasonable precaution especially if there is evidence of exposure to infection at a work location, residential building, or program site.

Appendix C (continued)

Administrative Controls

j) Virtual meetings and electronic communications

Use technology to the extent possible to stay in contact with your employees and business contacts. Avoid in-person meetings. Use online platforms to conduct meetings and interviews.

k) Flexible policies & work arrangements

There is a broad a range of work arrangements that offer flexibility to employees in where, when and how they work. During COVID-19, such arrangements serve to reduce the number of staff in a work location at any one time; allow for commuting at off-peak hours; assist employees in meeting personal & family obligations; extend service to clients; save on office costs; and are known to keep employees engaged by supporting a balance of work and home life. Consider the following options or a combination thereof:

- i. Work from home or Telework arrangements
- ii. Compressed work week with flex day off
- iii. Staggered shifts/hours of work
- iv. Extended business hours
- v. Mobile work locations

It should be noted that such arrangements must be of mutual benefit to both employer and employee; are voluntary on the part of the employee; have written policy to support them; protect privacy and employee safety; and offer a viable means of evaluating performance. There should be start and end dates associated with them which is an important consideration over the course of the pandemic.

Appendix C (continued)

Administrative Controls

l) Case-by-case accommodation for higher risk individuals

COVID-19 affects people in differing ways. While there is much unknown about the virus, it is known to affect older people and those with compromised immune systems or underlying health conditions more severely than others.

For this reason, it is important to consider each individual's unique circumstances when determining safety measures during the pandemic. You may not know who is vulnerable and who is not..

As part of your communications about COVID-19, you should prompt individuals with risk concerns to come forward. If they are willing to disclose, you will have a better understanding of how you might accommodate them and will be able to meet your obligation to protect their health & safety.

m) Designated 'drop' zones

Designate specific areas in your workplace for third parties to deliver mail, packages, and supplies thereby limiting traffic through the workplace to employees and pre-screened visitors only.

n) Limit unnecessary travel

Authorize travel for short day trips only if at all. Prohibit travel that involves spending time in large groups of people (e.g. air travel, conferences, etc.) where practicable.

o) Arrange for use of public transportation at off-peak times

Where possible, schedule shifts at off-peak hours in order that commuting staff is able to maintain physical distance from others en route to work.

Appendix C (continued)

Personal Protective Equipment (PPE)

a) Personal protective equipment (PPE)

By now, we should all know what PPE stands for and what it includes. PPE for the purposes of providing housing and support services includes masks, gloves, face shields, goggles and in some cases, protective clothing.

Improper use and/or care of PPE poses additional risk that is avoidable if workers are properly trained. Not only should employers have a reliable supply of PPE on hand to make available to workers, but you should also ensure that workers are properly trained in how and when to use it.

Under OHS laws, you are responsible for paying for and furnishing the PPE workers need to do their jobs. So, you cannot resume an operation unless and until you verify that you can secure an adequate supply of face masks, gloves and other essential PPE.

To learn more about proper use of PPE, check out the BCCDC website: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>

b) Use of non-medical masks & eye protection

Lower-risk jobs require only a non-medical face mask. There is a need to preserve the supply of medical N95 masks for workers in higher risk jobs (e.g. healthcare workers).

Face shields or goggles can be used as extra protection from contracting the virus through the eyes.

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