



Table of Contents

1.0	Preamble to BC Communicable Disease Control Manual	1
2.0	Protocol for Guidance about Emerging or Unusual Situations and for Varying from Existing Guidelines.....	2



1.0 Preamble to BC Communicable Disease Control Manual¹

This manual contains guidelines that have been developed by BC public health practitioners with representatives from the following groups (as appropriate): Office of the Provincial Health Officer (PHO); BC Centre for Disease Control; each health authority Medical Health Officers (MHOs), Public Health Nurses, Environmental Health Officers (EHOs), and Infection Prevention and Control Professionals; First Nations and Inuit Health, Health Canada; the First Nations Health Council; experts in the field and others as thought necessary to review the evidence and to make recommendations about a course of action.

The purposes of these guidelines are to assist public health practitioners with decision making about specific situations, and to support consistency of provincial public health practice. Professional judgment and discretion in the application of these guidelines for decision making is necessary for specific situations.

As advances in scientific knowledge and health care practices become available, these guidelines will be routinely reviewed and updated. Although the guidelines will be updated periodically, practitioners must take responsibility to ensure they have the most recent knowledge and are using the most recent guidelines relating to the situation with which they are dealing.

These guidelines support the implementation of communicable disease control and prevention programs in BC, and the exercise of powers and duties that public health practitioners have pursuant to the *Public Health Act* (PHA)² and related legislation. For example, this includes such legislative issues as mandatory reporting of communicable diseases and related matters (PHA section 10 and the Communicable Disease Regulation); issuing of orders to people who may be infected or to deal with a health hazard (PHA sections 27-33); responding to communicable disease related public health emergencies (PHA sections 51-57); and applying for warrants, injunctions, and court orders (PHA sections 47-49).

In addition to MHO general responsibilities to prevent and control communicable diseases, they have specific statutory responsibilities to determine public health threats and to direct the response to local public health threats (PHA section 81).

¹ Communicable Disease Control Manual, current version available at:
<http://www.bccdc.ca/dis-cond/comm-manual/default.htm>

² The *Public Health Act* is available at:
http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_08028_01



The MHO may give directions to deal with public health threats that vary from these guidelines, based on an assessment of a particular case or situation and their professional judgment, and as per the “Protocol for Guidance about Emerging or Unusual Situations and for Varying from Existing Guidelines.”

These guidelines are not legal advice and individuals should consult with their legal counsel in determining if and to what extent the PHA may apply to a particular circumstance. If there is a conflict between the guidelines and the PHA, its regulations or related legislation, the guidelines are superseded by the Act and any of its regulations.

2.0 Protocol for Guidance about Emerging or Unusual Situations and for Varying from Existing Guidelines

While the guidelines in this manual cover many situations, in practice it is not uncommon to deal with situations that are newly emerging, situations for which guidelines do not exist, or specific circumstances in which it may be appropriate to take actions that vary from these or other guidelines. The purpose of this protocol is to assist in decision making regarding these situations.

Once a medical health officer (MHO) identifies an emerging or unusual situation with provincial implications or that warrants a significant variation from these guidelines, there must be consultation with the Provincial Health Officer (PHO) as soon as possible. Depending on the practicality, urgency, and extent of the situation, the MHO should have a discussion with the PHO to outline the situation, list what is known and what is important but unknown, and discuss ways and means to get as much of the important missing information as possible. It would be beneficial if time permits for the PHO to be advised in writing about the situation and the recommended variation from guidelines, if applicable, in company with evidence and the rationale for the variation.

Significant variation from these guidelines as identified by an MHO may be necessary due to an unanticipated or unique local situation, change in the epidemiology of a disease, emergence of new evidence, particular characteristics of the population affected or at risk, or for other reasons. A significant variation from the guidelines is one which could have province wide implications; could result in confusion by other professionals, political leaders or the public; or could result in large scale resource implications.



Although varying from provincial guidelines may be entirely appropriate to deal with local and/or individual situations, it is possible that public, professional, and political confidence in the delivery of public health services can be undermined by significant and/or ongoing inconsistencies in public health practice that are not based on justifiable variation.

The PHO may convene a discussion to assist in decision making about an emerging situation or a proposed variation from the guidelines that could include representatives of MHOs, public health nurses, and EHOs from other health authorities; the BCCDC; First Nations and Inuit Health, Health Canada; the First Nations Health Council; content experts and others as necessary to review the situation, seek consensus, and make recommendations about the course of action.

Once a decision is made about how to deal with an emerging or unusual situation or vary from an existing guideline, the decision or variation from the guideline and other details for dealing with the situation will be communicated in writing. If appropriate, the decision will subsequently be finalized through the guideline approval process of the BC Communicable Disease Policy Committee.

If a consensus decision for dealing with a situation or a proposed variation of an existing guideline cannot be reached the PHO may, pursuant to *Public Health Act* section 68 (1), establish in writing a particular course of action as a standard of MHO practice. If appropriate, the BCCDC will update the Communicable Disease Control Manual to identify the PHO decision as a standard of practice for MHOs.

Under *Public Health Act* section 81 the MHO remains responsible for directing the local response to public health threats.