

# Health and Medical Services Plan Best Management Guide For Industrial Camps

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Version 1.0  
March 2015

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## A: Introduction and Background

The resource industry is a vital part of Northern British Columbia's economy, and many resource development activities rely on industrial camps to house their workers. It follows that industrial camps are prevalent in Northern Health's service delivery area. These can vary substantially in size, their proximity to local communities and the on-site services (including health care services) that they provide. It is our goal to work collaboratively with industry to determine how we can best meet the medical service needs of residents and industry.

As a minimum, on-site health and safety programs at industrial camps are required to meet WorkSafeBC legislation. These minimum requirements are designed to protect worker safety and do not manage for non-occupational, non-urgent health care service needs. As a result, camps often rely on Northern Health to provide health care services that extend beyond first aid measures.

What many companies do not know is that Northern Health's health care funding and resource allocations are based on resident populations; health care services are designed to meet the needs of the permanently residing taxpayers in the Local Health Area (LHA). As a result, a large temporary or transient workforce that relies on Northern Health services can place large strains on the health care system and consequently the service levels that can be available to local residents.

We recognize that many companies are very cognizant of the impacts that they may have on local communities. Companies often focus significant efforts to minimize these impacts in order to develop a social license to operate (a term frequently used by industry that refers to the level of acceptance or approval by local communities and stakeholders). Fortunately, our experience tells us that when adequate on-site health and medical services and initiatives are available at industrial camps, the impacts to local health services can be minimized to within manageable levels.

To minimize impacts to local health services, Northern Health is requesting companies to move beyond the minimum legislative WorkSafeBC requirements for on-site health care, and develop a Health and Medical Services Plan (HMSP) for industrial camps. This HMSP should outline the on-site services and initiatives that will be provided. Ideally, this plan should be available for review by Northern Health well in advance of camp construction, to allow for early troubleshooting and to proactively manage concerns.

This guide is intended to help industry better understand our expectations of on-site services and describe the types of health care needs that they can anticipate at industrial camps. It is also intended to provide information on the level of detail that should be included in an effective HMSP.

## B: Components of a Health and Medical Services Plan

An adequate HMSP should identify information about the project, the project's infrastructure as it pertains to health, the on-site health services and programs that will be offered and the methods by which the project will work in collaboration with Northern Health. We suggest that a HMSP be comprised of the following sections:

1. Project Information
2. Infrastructure
3. On-site Programs and Services
4. Collaboration, Communication and Problem Solving

The subsequent sections of this guide will provide further information on the level of detail that is to be included in each of these sections, the types of needs to be managed at the Site, and provide guidance on what to consider during the design and implementation of the HMSP.

## 1. Project Information

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In order to help Northern Health understand the context of the HMSP, the following information should be included in a general overview section of a HMSP:

- Project name, type and scope;
- Company name, prime contractor and contractor(s) responsible for delivering health care services and on-site initiatives (including service providers responsible for the built camp environment components such as laundry, food, etc.);
- Location and access to the project (the address, legal address or GPS coordinates as well as distance and direction from the nearest Northern Health services);
- Number of employees working at the site and housed at the camp (broken down over different time periods if this number is not consistent) as well as their turnover patterns and work shifts; and
- Project timing (construction, operation, decommissioning, etc.) and timeline of the associated camp.

## 2. Infrastructure

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In this section please provide information on the built environment that can impact health outcomes and the potential spread of disease, including:

- **Accommodations**  
The type of heating, provision of egress, maintenance of bedding, pillows, mattresses, number of bedrooms/dwellings, floor space of bedrooms, number of residents in dwellings and bedrooms, type(s) of beds, sufficiency of ventilation in bedrooms, shower and toilet facilities, weather-proofing of accommodations, lighting of accommodations, dry storage, etc.
- **Sanitary Facilities**  
A description of the sanitary facilities provided to camp residents, including number of toilets/privies and location, number of showering facilities and locations, number of wash basins and location, distance from the toilets/privies to bedrooms, how pests are kept from sanitary facilities, screening of showering facilities, distance to living areas, water bodies and water sources.
- **Laundry Services**  
A description of on-site laundry services or laundry facilities available to residents, access to any off-site laundry services, laundry supplies, heated dry rooms and locations.
- **Drinking Water Systems**  
Confirmation of Drinking Water Construction and Operating Permits and an outline of the basic elements of the water system such as daily quantity of potable water, drinking water source, holding tank storage capacity, drinking water distribution system, sampling schedule, quantity of potable water supplied to camp and off-site connections, quality and quantity of raw water source, location of raw water source in relation to potential contaminant sources (e.g. privies, infiltration pits, etc.).

- **Food Services**  
Confirmation of Health Operating Permit, indication of the location of food services on the camp in relation to privies and infiltration pits as well as confirming/describing how: dining room(s) are separated from the kitchen(s), pests are kept from kitchen areas, food equipment is maintained, kitchenware and utensils are stored, food is protected from contamination, food is stored on site, sanitation procedures for cleaning and sanitizing utensils and non-absorbent surfaces, the process for washing dishes, cutlery and cookware, the number of food handlers with FOODSAFE certification and the confirmation of a Food Safety Plan and Food Sanitation Plan.
- **Liquid Waste (Sewage) and Solid Waste (Garbage) Disposal System**  
Describing the type of sewage disposal system installed at the camp consisting of either permitted holding tanks, record of sewerage system or Ministry of Environment approved wastewater systems as well as information on the disposal of garbage in accordance with the *Environmental Management Act*.
- **Other Facilities that Support Positive Health Outcomes**  
Information on facilities, such as those encouraging physical activity and healthy lifestyle (e.g. gyms, pools, outside recreation areas, meditation or social rooms, etc.).

The suggested information contained herein is anticipated to align with the proposed "Work Camp Environmental Plan" requirements in the proposed Provincial "*BC Guidelines for Work Camp Operations*" (not yet finalized or released).

Please note that the above-noted components of the built environment must comply with and receive necessary approvals under all applicable legislation which may include (but may not be limited to):

- Regulations under the *Public Health Act*, including but not limited to the *Industrial Camps Regulation*, *Sewerage System Regulation*, *Pool Regulation*, *the Food Premises Regulation*
- Regulations under the *Drinking Water Protection Act*, including but not limited to the *Drinking Water Regulation*
- Regulations under the *Environmental Management Act*, including but not limited to the *Municipal Wastewater Regulation*

### 3. On-Site Programs and Services

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#### a) Health Services

In this section, please provide detail on the health care services that will be provided at the camp. The following is a summary of the types of service demands that can reasonably be expected to be managed at a larger industrial camp and includes guidance on the considerations that should be incorporated during the planning, design and delivery of on-site health care services. Companies and their contractor(s) should ensure that on-site health providers are licensed and able to practice in British Columbia.

- **Non-urgent care demands**  
While much of the WorkSafeBC legislation is geared to managing occupational injuries in a first aid scenario, our experience tells us that a majority (as much as 90%) of health care demands in a camp environment arise from non-occupational, non-urgent injuries and illnesses. The demographics of camp workers also generally include a large percentage of individuals that have at least one chronic condition. On-site medical services should be available at large camps to manage these demands (similar to a

primary care clinic), only referring medical escalations or emergencies to Northern Health services. Chronic conditions should also be managed on-site in collaboration with the employee's home primary care provider.

- **Mental Health and Addictions**

We are aware that the camp environment can be conducive to developing mental health and addictions issues due to their demographics, work shifts and working-away-from-home environments. As such, on-site health care services should include a mental health and addictions component including employee access to trained personnel in this area (e.g. psychologists, nurses, social workers, etc.) and 24-hour crisis support. Access to these services should not be limited to on-shift workers but also to employees during their days off, to ensure continuity of care. These services should include a focus on maintaining mental wellness by including options that promote a healthy living approach, such as physical, spiritual and intellectual activities.

- **Sexual Health**

Similarly to Mental Health and Addictions, the camp environment can lead to poor sexual health choices. As such, the on-site clinic should offer Sexually Transmitted Infection (STI) screening, treatment, condoms, birth control, emergency contraception, 'safe sex' counselling, referral and other supports for sexual health.

- **Diagnostics**

Companies will need to consider the diagnostic (e.g. laboratory and medical imaging) needs of their onsite medical services.

- **Bridging with Providers in Home Communities and Northern Health Services**

We recognize that on-site health care services are intended to manage the non-urgent care needs of employees during their camp stay and are not intended to act as the primary care provider for employees. Also, some services cannot reasonably be expected to be provided at a camp and therefore, medical escalations and specialty services may still need to be referred to Northern Health (or other Health Authority) services. As such, during the design and implementation of the on-site services, care should be taken to develop protocols for bridging between the on-site services, the home physician(s) and health authority services.

- **A Focus on Discretion, Privacy and Confidentiality**

We know that real or perceived concerns for discretion, privacy and confidentiality can hinder whether an employee chooses to use on-site health care services especially for things such as STI screening, mental health and addictions or health concerns that may impact their ability to work. During its design and implementation, on-site health care services should pay special attention to ensuring that discretion, privacy and confidentiality are maintained to the highest reasonable standards and that these standards are clearly communicated to employees throughout their work-term to promote an environment of trust between employees and the on-site services.

- **On-site Management of Company Policy Requirements**

A significant burden to the local health care system can arise simply from company policies that require things such as "sick notes" and "back to work notes". We would expect that these internal policy requirements will be managed at the site and will not place undue burden on local walk-in clinics and emergency rooms. Please be aware that Northern Health's Mental Health and Addictions programs do not provide drug screening or addiction screening reports for employers.

## b) *Disease and Infection Prevention and Outbreak Protocols*

In British Columbia, the *Public Health Act* and associated regulations provide Health Officers the necessary legislative authority to intervene in order to minimize health and safety hazards through rapid responses to communicable disease outbreaks and the undertaking of preventive control measures. Under Section 23 of the *Industrial Camps Regulation*, the Operator must notify the Medical Health Officer (MHO), within 24 hours, of an outbreak or occurrence of illness above the incident level that is normally expected, at an industrial camp.

Industrial camp settings, where groups of people are in close proximity and have similar point source exposures (e.g. single food and water source) inherently foster the transmission of infections from person to person. Public health officers have legislative authority through the *Health Act Communicable Disease Regulation* to control communicable diseases.

The management of outbreaks and communicable disease prevention requires a comprehensive approach through the collaboration and integration of all parties involved including, public health, employers, contractors and workers to prevent the spread of illness. Successful interventions include a combination of behavioural and environmental modifications. In this section, we would expect information on disease/infection prevention and outbreak protocols in addition to those achieved through the built environment, including preparedness, response and management. Consideration should be given to having on-site staff with expertise in the area of infection control and disease outbreak management.

## c) *Health Promotion, Disease Prevention and On-Site Wellness Programs*

At Northern Health, we know that preventing disease is better than treating disease. As a result, a good HMSP will include components that detail how a company will look “upstream” to help prevent illnesses and poor health outcomes before they occur. Health and wellness includes consideration for physical wellbeing, as well as mental, emotional and spiritual wellbeing. The benefits of ensuring physical, mental and spiritual wellbeing include happy, healthy and more productive workers, who are more resilient and tolerant to the stresses of a work camp. Additionally, other social factors influence health and health outcomes significantly. These may include social and physical environments, education, employment, social supports and working conditions; attention to these factors results in improved health outcomes.

Below are different aspects on prevention that we would like companies to be aware of and incorporate into their HMSP.

- **A Population Health Approach**

Taking a “population health approach” (focusing on groups of people, rather than one person at a time) is one of Northern Health’s four strategic directions, and has prompted Northern Health to develop a number of position statements to address risk factors.

These research papers are consistent with provincial and national best practices and bring together evidence and information to help understand and address risk factors that can lead to injury, illness and chronic disease. Current position papers include positions on:

- Healthy Communities
- Sedentary Behaviour and Physical Inactivity
- Healthy Eating
- Tobacco Reduction

- Preventing Injury
- Prevention of Problematic Substance Use
- Environment as a Context for Health
- Health, Weight and Obesity

These documents are located on the Northern Health website at [www.northernhealth.ca](http://www.northernhealth.ca). These messages should be incorporated into company policies and regular employee activities (e.g. tailgate safety meetings, safety orientations, etc.) as well as the design of the camp facilities and camp services. These efforts should be detailed in the HMSP.

- **Opportunities for prevention**

Preventing illnesses is beneficial to the employees, health care providers, communities and the employer. As a result, we recommend that during the development of this plan, companies consider providing illness/disease prevention strategies. Programs should also be in place to promote and encourage healthy eating, active living, mental wellness and the avoidance of poor coping strategies such as alcohol or substance use.

- **Company policies**

We recognize that company policies on things such as drug, alcohol and tobacco use, screening and testing, expected behaviour, tobacco use, curfews, etc. can play a large role in determining the health of the camp. In this section, please include information about relevant company policies that would promote healthy camp environments. Please note, health and safety policies, as regulated by WorkSafeBC, should not be included in this section as they are the responsibility of WorkSafeBC.

- **Collective Messaging**

Northern Health spends considerable efforts on health promotion and education. The health promotion and education provided at the camp should align with Northern Health's public health campaigns and messages. We encourage collaboration between Northern Health's and the camp's on-site health promotion activities and recommend that these efforts be identified in the HMSP. While Northern Health would not conduct on-site health promotion and education, we will share our resources and messaging materials as appropriate.

## 4. Collaboration, Communication and Problem Solving

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Experience tells us that clear and effective communication forms the basis for developing effective partnerships which are essential for the management of patient flow and trauma care, responding to emergencies and problem solving. Please include the following information in this section.

- **Identification of Communication Pathways**

Please identify the different communication pathways and protocols between Northern Health and the company, including the required legal notifications and regular communications. Also, identify the venues that will be used to communicate (e.g. committees, meetings, one-on-one communication) as well as the contact information for key personnel/departments (for both Northern Health and the company) that will participate in these communication efforts. For information on appropriate Northern Health contacts, please connect with Northern Health's Office of Health and Resource Development at [resource.development@northernhealth.ca](mailto:resource.development@northernhealth.ca).

- **Patient Flow Information, Trauma Care and Emergency Response**

We recognize that it is not reasonable to expect medical escalations and traumas (medical emergencies) to be treated on-site. In this section, we ask that companies detail how traumas and medical escalations will be managed on-site, and the process through which



patient transfer to Northern Health will occur. We recommend that a venue be identified where the companies in the community, Northern Health, Patient Transfer Network (PTN), BC Ambulance and potentially community representatives can share information and troubleshoot any arising concerns (e.g. a key trauma stakeholder group or the like).

Similarly, in this section, information about how/where Northern Health is identified and included in the site's emergency plans (ERP), including our identified roles and responsibilities in the ERP should be included. Please note that the Medical Health Officer's mandate is to protect public health under the *Public Health Act*, and Part 5 of the *Public Health Act* provides the ability to act in emergency situations to reduce an immediate and significant public health risk. A summary of Northern Health's emergency roles and responsibilities can be found on our Health and Resource Development website at: [www.northernhealth.ca](http://www.northernhealth.ca)

- **Hiring considerations**

In the spirit of collaboration, we ask that companies be mindful of Northern Health's significant efforts to recruit and retain health care professionals in the North. We recognize that while there is generally a focus to hire local, please be cognizant of how your hiring practices may impact local service providers in regards to our hard-to-recruit and -retain professionals.

- **Quality Improvement**

Recognizing that conditions can change, unanticipated issues may arise and opportunities for continuous improvement will emerge, we recommend that the plan incorporate a framework and/or feedback mechanism to facilitate responsiveness to challenges and opportunities. The plan should include a systematic process through which its effectiveness is monitored and by which it can respond to unforeseen issues and changing conditions, with a focus on continuous improvement.

## C: Questions/Comments/Feedback

This Health and Medical Services Plan Best Management Guide was developed by the Office of Health and Resource Development. If you have any questions or comments, please contact us at: [resource.development@northernhealth.ca](mailto:resource.development@northernhealth.ca).