# INFECTION PREVENTION AND CONTROL

## PROVINCIAL GUIDELINES

# Provincial Guidance on Return to Work and Exposure Management for Health Care Workers with Viral Respiratory Illness

**Updated**: April 14, 2025

BRITISH COLUMBIA | Ministry of Health

PICNet
PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA
A program of the Provincial Health Services Authority

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# Guideline Review

This document replaces the Interim Guidance on Return to Work for Health Care Workers with Confirmed or Suspected COVID-19 and Management of Health Care Worker Exposures to COVID-19 (June 22, 2022).

**Acknowledgement**
This document was developed by the Provincial Infection Control Network of BC (PICNet) in consultation with the Infection Prevention and Control (IPC)/Workplace Health and Safety (WHS) Provincial COVID-19 Working Group.

# Key Terms

**Health care worker (HCW)**: For the purpose of this guideline, HCWs are individuals providing or supporting health care services. This includes, but is not limited to nurses, physicians, emergency service providers, community health workers, dentists, podiatrists, respiratory therapists, and other allied health professionals, students, support services (e.g., housekeeping, dietary, maintenance, hairdressers), volunteers, and non-clinical/corporate staff.

**Infection prevention and control (IPC)**: Measures practiced by health care workers and others in health care facilities to decrease transmission and acquisition of infectious agents (e.g., hand hygiene, use of personal protective equipment, and cleaning and disinfection). IPC measures include routine practices and contact, droplet, and airborne precautions.

**Medical Health Officer (MHO)**: A medical practitioner with training, knowledge, skills, and experience in public health and preventative medicine who is designated to this position, for a geographical area, by Order in Council under the BC Public Health Act. The MHO has responsibilities under the Public Health Act to monitor the health of the population, provide advice and direction on public health issues including health promotion and health protection, and their related practices, bylaws, and policies. The MHO also has responsibilities for directing the response to health hazards that threaten public health.

**Medical mask**: A medical grade face mask that meets ASTM International (or equivalent) performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance (synthetic blood), pressure differential, and flame spread. Respirators have differing characteristics from medical masks and are defined below. Medical masks include surgical and procedure masks.

**MHO official designate**: A person who has specific designated authority and duties of a Medical Health Officer. Designates can be public health professionals or are typically IPC physicians and IPC professionals in health authority-operated sites. Official designates advise and direct outbreaks in jointly developed protocols with Public Health.

**Patient:** Any person receiving health care within a health care setting or service. The term is inclusive of patients, clients, and residents.

**Personal protective equipment (PPE)**: Clothing or equipment worn by individuals for protection against hazards such as chemicals, blood, body fluids, and infectious secretions.

**Viral respiratory illness (VRI)**: Any new-onset of acute infectious respiratory illness suspected or confirmed to be caused by a viral agent (e.g., SARS-CoV-2, influenza, RSV) with either upper- or lower-respiratory tract involvement, presenting with symptoms of a new or worsening cough and often fever.

**Workplace health and safety (WHS)**: Trained individuals responsible for the anticipation, recognition, evaluation, and control of hazards arising in or from the workplace that could impair worker health and well-being. This includes prevention of communicable disease transmission to workers.

# 1. Purpose and Scope

This guidance supports organizational and individual health care workers (HCWs) in making decisions on returning to work following confirmed or suspected communicable viral respiratory illness (VRI). This includes illness relating to SARS-CoV-2, influenza, and respiratory syncytial virus (RSV), that are primarily spread through close-range respiratory droplets and aerosols. This document also provides guidance for the management of HCWs following close contact exposures.

This guidance applies to all health authority facilities, programs, and services, including the following:

- Acute care,
- Long-term care and seniors' assisted living,
- Emergency health services,
- Outpatient clinics,
- Home and community care,
- Ambulatory care settings.

While this document summarizes the criteria applicable to HCWs, the organization/employer implementing these requirements is ultimately responsible for the final interpretation and decision.

Although not within the scope of these guidelines, it is important to note that some respiratory infections, such as Legionella, tuberculosis (TB) and emerging pathogens with unknown characteristics require additional management and control measures. For specific guidance on airborne-spread illnesses (e.g., measles, TB) or for emerging pathogens with uncertain modes of transmission, please refer to guidelines from your regional health authority, the BC Centre for Disease Control,[1] or the Public Health Agency of Canada,[2] as appropriate.

Where avian influenza is confirmed or suspected, refer to the BC Centre for Disease Control's Communicable Disease Manual, PICNet's Pathogenic avian influenza – interim infection prevention and control recommendations, and the Public Health Agency of Canada's Avian influenza A (H5N1): for health professionals.

**Note**: There may be circumstances that exist where additional Ministry of Health policy directives will be in place in addition to or instead of these guidelines. Please follow the current and applicable provincial policy for IPC measures in health care settings, regulations, and Public Health Orders.

## 2. Immunization for Health Care Workers and Staff

All HCWs and staff must meet immunization requirements in accordance with Ministry of Health and employer policies, and when directed by a medical health officer.

## 3. Criteria for Return to Work for Ill or Symptomatic HCWs

- HCWs have a responsibility to their patients and colleagues to refrain from working when ill with symptoms that are likely attributable to a viral respiratory illness.
- The **recommended duration of exclusion may change based on the causative agent, patient population, severity of illness, and provincial requirements.** For example, longer exclusions may be considered for HCWs caring for highly immunocompromised patients (e.g., transplant patients). Consult with the responsible MHO, their official designate and/or workplace health and safety (WHS) for modifications to the guidance based on specific circumstances.

**All HCWs with suspected or confirmed viral respiratory illness (including SARS-CoV-2, influenza, and RSV) must follow these guidelines**:

- ☐ Stay home when sick. Return to work when:
  - There is resolution of fever (if a fever was present) that occurs for 24 hours without the use of fever reducing medication; and,
  - Symptoms improve and you feel well enough to work.
- ☐ Upon returning to work, all HCWs **must** do the following:
  - Wear a medical mask until day 10 from onset of VRI symptoms/illness or test date (if asymptomatic), even if asymptomatic/symptoms have resolved;
  - Respect personal space; and
  - Continue to follow hand hygiene, respiratory hygiene, and other workplace IPC measures.

- If mild residual respiratory symptoms persist (e.g., runny nose, sore throat, mild headache, residual cough), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the return to work precautions listed as follows:
  - **Do not** come to work if you feel sick, including when:
    - Experiencing a fever, regardless of the number of days since symptom onset.
    - Experiencing acute gastrointestinal (GI) symptoms such as vomiting or diarrhea.
    - Feeling very ill with no improvement in symptoms and unable to perform daily activities, regardless of number of days since symptom onset.
  - If symptoms worsen, consult with a health care provider.
  - If a HCW experiences new onset of symptoms while at work, wear a medical mask, perform hand hygiene, contact your immediate supervisor to arrange the safe transfer of care or responsibilities, and go home.
  - HCWs who are immunocompromised individuals may have symptoms and/or shed a virus for a longer period of time. These HCWs should consult their health care provider on when they can return to work. Please see Appendix A for a list of immunocompromising conditions.

- All health care employers must establish a clear expectation that HCWs are not to come to work when sick. This expectation should be supported with appropriate attendance management policies. Attendance management policies should reinforce HCWs fulfilling this responsibility.[3]

## 3.1. Additional Considerations

A residual dry cough may persist for several weeks after a VRI.

- HCWs with a residual dry cough are not considered to be infectious if their temperature is back to normal without the use of fever-reducing medication (e.g., acetaminophen or ibuprofen) for 24 hours and there is improvement in clinical symptoms, including respiratory, gastrointestinal (GI), and/or systemic symptoms (e.g., fever).
- This excludes baseline symptoms of pre-existing or chronic respiratory symptoms known to be caused by another illness.

# 4. Earlier Return to Work

- **In general, returning to work earlier than recommended (i.e., while HCW is symptomatic or before the lapse of recommended communicable timelines) to support baseline staffing requirements should be considered the exception and not the rule.**
- The following **must** be considered when returning to work with symptoms:
    - Whether the HCW has an underlying medical condition, which makes them immunocompromised and may impair or delay their response to illness or prolong the communicable period.
- **Earlier return to work should be avoided in settings with patients who are at risk of developing more severe disease or outcomes from VRIs**.
    - The decision for a HCW to return to work earlier than recommended should be made on a case-by-case basis through a risk assessment following established processes by the organization/health authority.
        - This may include the health care operational leader in consultation with the MHO or their official delegate and WHS, if available.
        - The risk assessment should consider the benefits of returning to work versus any possible risk of transmission.
    - Early return to work approval should outline the return to work precautions that must be taken by the HCW.
- Any exceptions must also ensure the following:
    - The HCW is considered critical to patient safety and care delivery during this period by their operational lead;
    - The HCW has a role that cannot be fulfilled by an alternate staff member and all other staffing options have been exhausted;
    - The HCW's duties require them to be on-site during this period (i.e., working from home is not feasible);
    - The benefits of returning to work outweigh the risks of possible transmission, considering individual factors, including HCW wellness, disease severity, and immunocompromised status, as well as the vulnerability of the patient population under care (consult with public health, WHS, IPC, as required); and

- HCW agrees to return to work earlier than recommended and agrees to follow the return to work precautions listed below, including wearing a medical mask at all times, and self-monitoring for reappearance or worsening symptoms.

## 5. Return to Work Precautions for Symptomatic HCWs

- If returning to work earlier than recommended while symptomatic or with residual symptoms, a HCW **should**:
  - Conduct duties virtually whenever possible.
  - Wear a medical mask at all times in all areas of the workplace until 10 days after onset of symptoms (this applies to all HCWs returning to work who are asymptomatic or their symptoms have resolved), including when the routine work environment does not require PPE.
  - Wear additional PPE as advised by provincial or health authority guidance or based on a point of care risk assessment (PCRA).
  - Follow BCCDC's public health guidance and measures outside of work, e.g., avoiding social gatherings, avoiding non-essential visits to high-risk settings, such as long-term care homes or hospitals.
  - Reduce close contact with other HCWs by respecting personal space and avoiding shared spaces (e.g., break rooms) to the extent practical.
  - Where possible, avoid contact with severely immunocompromised patients and those who are at risk of developing more severe diseases or outcomes from VRIs, until 10 days after onset of symptoms or until acute symptoms resolve, whichever is longer.
  - Adhere diligently to hand hygiene, respiratory hygiene, and other infection prevention and exposure control measures in the workplace.
  - Avoid greetings that require physical contact, such as hugging or shaking hands.
  - Avoid close contact with others when travelling to and from work and between shifts.
  - Continue to self-monitor daily for changes in signs and symptoms of illness. Refer to the VRI HCW Self Check and Safety Checklist.
  - If symptoms reappear or worsen during work, inform a supervisor to arrange for a replacement, safely transfer essential care as soon as possible, and go home directly.

## 6. Management of HCWs with Exposures

- Ensure that all HCWs have sound knowledge of additional precautions and PPE requirements, including how to don (put on) and doff (take off) PPE correctly to avoid exposure.
- Instruct HCWs who have been exposed while providing care without the use of appropriate PPE, to report their exposures to their supervisor.
  - Health Authority employees and HCWs should review and follow their own organization's VRI policy regarding work restrictions or reporting of any work acquired disease and contact the Provincial Workplace Health Contact Centre at 1-866-922-9464 as needed.
  - Contracted HCWs in health authority-operated facilities should follow local health authority guidance and processes for follow-up.
- HCWs must self-monitor for new or worsening symptoms consistent with VRI. Please refer to the VRI HCW Self Check and Safety Checklist.

- If VRI symptoms occur, HCWs should isolate themselves from others, particularly within the home or co-living setting, as quickly as possible; wear a medical mask when around others.
- If symptoms develop at work, HCWs must put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home.

# References


1. BC Centre for Disease Control. *Communicable Disease Control Manual Chapter 4: Tuberculosis Appendix B: Infection Prevention and Control.* BCCDC; 2024. http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/Appendix%20B.pdf

2. Public Health Agency of Canada. Canadian Tuberculosis Standards 7th Edition: 2014. February 17, 2014. Accessed February 19, 2025. https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition.html

3. Munir F, Yarker J, Haslam C. Sickness absence management: Encouraging attendance or 'risk-taking' presenteeism in employees with chronic illness? *Disability and Rehabilitation*. 2008;30(19):1461-1472. doi:10.1080/09638280701637380

# Appendix A – Immunocompromising Conditions[1]

Multiple factors influence whether or not an individual is considered immune compromised, including medical history, current conditions/diagnoses, medication use, and the clinical judgement of an appropriate physician(s) or the individual's most responsible provider (MRP).

Based on their clinical judgement, MRPs may determine that there are other diagnoses and/or medications not listed below that support considering individuals as immune compromised. Consult an infectious disease specialist as needed.

- Examples of those moderately immunocompromised may include, but are not limited to:
  - Persons on systemic chemotherapy for solid organ cancer;
  - Solid organ transplant recipients who are greater than one year out of transplant, stable on their immunosuppression and overall very stable as determined by the MRP on a case-by-case basis;
  - Persons with human immunodeficiency virus (HIV) with a CD4 count of <200 cells/mm3 (inclusive); and,
  - Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥14 days, tacrolimus, sirolimus, mycophenolate, methotrexate or azathioprine.

- Examples of those severely immunocompromised may include, but are not limited to conditions or combinations of the following, as determined by the MRP:
  - Bone marrow transplant;
  - Solid organ transplant (less than one year from transplant);
  - Chronic lymphocytic leukemia;
  - Lymphoma;
  - Hypogammaglobulinemia;
  - Chimeric antigen receptor T-cell therapy;
  - Use of rituximab;
  - Primary immunodeficiencies;
  - Familial hemophagocytic lymphohistiocytosis;
  - Type 1 interferon defects (primary immunodeficiency and acquired autoantibodies to type 1 interferons);
  - Agammaglobulinemia;
  - Combined variable immunodeficiency (CVID);
  - Combinations of diagnoses; and,
  - Medications that would confer severe immune compromise.

[1] Adapted from BC Centre for Disease Control. Interim Guidance: Discontinuing Additional Precautions Related to COVID19 for Admitted Patients in Acute Care and in Associated High-Risk Outpatient Areas. September 2022. Available from: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_DiscAddPrecautionsAcuteCare_Guidance.pdf