



MINISTRY OF HEALTH
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Health Authority CEOs.

TRANSMITTAL DATE: January 6, 2025

COMMUNIQUÉ NUMBER: 2025-01

CLIFF NUMBER: 1291398

SUBJECT: Infection Prevention and Control Measures for Preventing Viral Respiratory Illness.

DETAILS: This document outlines updated Ministry of Health requirements for preventing and controlling viral respiratory illnesses (VRI), including influenza, respiratory syncytial virus (RSV), and COVID-19, in health care settings.

This document replaces *Policy Communique 2024-02: Infection Prevention and Control Measures for Preventing Viral Respiratory Illness (May 2, 2024)*.

EFFECTIVE DATE: Immediately.

MINISTRY CONTACT: CommunicableDisease@gov.bc.ca

A handwritten signature in black ink that reads "Tiffany Ma".

Tiffany Ma
A/Deputy Minister
Ministry of Health

Ministry of Health Policy

Infection Prevention and Control Measures For Preventing Viral Respiratory Illness

Policy Objective and Scope

- This policy protects health care workers (clinical and non-clinical), patients, residents, clients, visitors, and the public by outlining provincial expectations for the implementation of infection prevention and control measures in health authority facilities, programs, and services, including emergency health services, outpatient clinics, and ambulatory care settings.

Definitions

- **Clinical health care workers:** All health care workers (HCW) that are providing direct patient care for the purpose of making a diagnosis and/or providing treatment and/or monitoring. This includes emergency health services workers (i.e., BCEHS/paramedics).
- **Medical mask:** A medical grade face mask that meets American Society for Testing and Materials International (ASTM), International Organization for Standardization (ISO) or equivalent performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance, pressure differential, flame spread, skin sensitivity and cytotoxic testing.
- **Must:** A mandatory requirement based on BC Ministry of Health directive.
- **Non-clinical health care workers:** All health care workers that are not providing clinical care, including, but not limited to, administrative and office staff, facilities staff, contractors, and volunteers.
- **Patient care area:** Any room or area within a health care setting (including a contracted facility), where patients, residents or clients are actively receiving care. This includes waiting rooms, home and community care locations (including a client's home), and any location where emergency health services are being provided. It does not include locations, such as administrative areas or private offices, which are not generally accessed by patients, residents, or clients, or areas where care is not being provided, such as foyers, hallways, cafeterias, chapels and family rooms.
- **Point-of-Care Risk Assessment (PCRA):** A routine practice that must be conducted by a HCW before every patient/resident/client interaction to assess the likelihood of exposing themselves and/or others to infectious agents and

other occupational hazards. The assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure.¹

- **Respirator:** A medical grade particulate filtering facepiece authorized by Health Canada, which meets minimum performance certification requirements, including for fit testing, filter efficiency, and breathing resistance (e.g., N95 respirator).
- **Should:** A recommended practice to be implemented at the discretion of the organization or the individual.

Context & Guiding Considerations

1. BC's viral respiratory illness (VRI) season takes place each year, typically starting in the fall and ending in the early spring. It is the time of year where higher than average levels of VRIs (e.g., influenza, RSV and COVID-19) are observed across the population. The start and end of the VRI season in BC are declared by the Provincial Health Officer. Additional infection prevention and control (IPC) measures are implemented when the start of VRI season is declared and then removed when VRI season is officially declared over.
2. This guidance is based on current evidence about the known mechanisms for transmitting VRIs. VRIs are most often transmitted across a spectrum of large and small respiratory droplets/aerosols expelled when an infected person coughs or sneezes, and when aerosol generating medical procedures (AGMPs) are performed. Multiple factors may influence VRI spread and infection, such as the transmissibility of the virus, relative humidity, ventilation, and being in an enclosed space. Viruses in respiratory droplets can land on the recipient's eyes, nose, or mouth, or are inhaled when close to an infected person. Because microorganisms in droplets can often survive on surfaces, infections can also be spread indirectly when people touch contaminated hands, surfaces, and objects and then touch their mouth, nose, or eyes.²
3. The use of PPE, including medical masks, is one part of the hierarchy of infection prevention and exposure control measures for communicable diseases. As such, PPE is supplemental to, and not a replacement for other measures on the hierarchy which include, but are not limited to:
 - a. **Elimination measures** that remove the exposure or infection risk at the source (e.g., hand hygiene, immunization).

¹ See: <https://picnet.ca/wp-content/uploads/Point-Of-Care-Risk-Assessment-Tool-2023-July-25-FINAL.pdf> for more details.

² Provincial Infection Control Network of British Columbia. "(Archived) COVID-19: Risk of SARS-CoV-2 Aerosol Transmission in Health-Care Settings". September 27, 2023. https://picnet.ca/wp-content/uploads/Archived-Aerosol-Transmission-HC-Settings-SARSCoV2_27Sep2023.pdf

- b. **Substitution measures** that replace the infection risk with a safer alternative (e.g., using safety-engineered devices for injections).
- c. **Engineering/environmental measures** that use physical changes in the work environment to reduce exposure risks (e.g., optimizing indoor ventilation).
- d. **Administrative measures** that change work procedures to reduce the likelihood of exposure (e.g., HCW education and training, screening for risk factors, patient scheduling and flow).

Exceptions:

1. Exceptions to the medical masking requirements **must** be allowed for:
 - people under 5 years old,
 - people unable to wear a mask because of a health condition or a physical or mental impairment,
 - people unable to put on or remove a mask without help from another person, and
 - people communicating with someone with a hearing impairment.
2. People who are required to wear a mask and are able to wear a mask, but who choose not to as a matter of preference, are **not** exempt.

Policy

1. **Long-Term Care, Private Hospitals, Stand Alone Extended Care Hospitals Designated Under the Hospital Act, Seniors' Assisted Living Settings, and Provincial Mental Health Facilities.**

Masking:

Health care workers (clinical and non-clinical):

- All persons working in a patient care area in Long-Term Care, Private Hospitals, Stand Alone Extended Care Hospitals Designated Under the Hospital Act, Seniors' Assisted Living Settings and Mental Health Facilities **must** wear a medical mask over their nose and mouth, except when eating and/or drinking.
- Health care workers **must** wear other PPE (e.g., a respirator) where indicated by a point-of-care risk assessment (PCRA) that considers all occupational risks, including potential exposures to viral respiratory illnesses.
- Health care workers **must** wear all required PPE in accordance with local Infection Prevention and Control (IPC) policy when additional precautions (i.e., contact, droplet, airborne) have been initiated for a resident or patient.
- Medical masks in non-patient care areas (e.g., administrative offices) **must** be

worn if required by a workplace communicable disease safety plan or as directed by a medical health officer, IPC physician or their designate.

- In all other circumstances, health care workers **should** choose to wear a medical mask based on personal preference.
- Access to additional PPE for HCWs, such as respirators, **must** be provided in circumstances where, based on a PCRA, a HCW determines there is elevated risk of viral respiratory illness transmission through patient/resident/client interaction.

Visitors:

- Unless directed by a medical health officer, IPC physician or their designate, VRI testing (e.g., COVID-19 rapid antigen testing) is **not required** for visitation.
- Unless directed by a medical health officer, IPC physician or their designate, limits on the number of visitors in Long-Term Care, Private Hospitals, Stand Alone Extended Care Hospitals Designated Under the Hospital Act, Seniors' Assisted Living Settings and Provincial Mental Health Facilities are **not required**.
- Visitors in Long-Term Care, Private Hospitals, Stand Alone Extended Care Hospitals Designated Under the Hospital Act, Seniors' Assisted Living Settings and Mental Health Facilities are **not required** to wear a medical mask when visiting a single resident in a patient care area or in communal areas.
- Visitors **should** wear a medical mask when participating in indoor group events, celebrations, gatherings and activities, except when eating and/or drinking.
- Visitors **must** wear all required PPE in accordance with local IPC policy when additional precautions (i.e., contact, droplet, airborne) have been initiated for a resident.
- In all other circumstances, visitors **should** choose to wear a medical mask based on personal preference.
- If visiting with a resident sick with respiratory illness, the visit **should** be limited to that resident.
- Visitors who are ill or experiencing symptoms of illness **should** not visit.
- Visiting residents who live in single-bed rooms:
 - Visitors are **not required** to wear a medical mask when visiting directly with one individual resident in a single-bed room, in an assisted living unit, or in a common area of the care home/residence.
- Visiting residents who live in multi-bed rooms:
 - If a private room is not available and other occupants are present in the multi-bed room while a visit is occurring:
 - Visitors are **not required** to wear a medical mask when visiting directly with one individual resident.
 - Visitors **must** only visit with their loved one.

- Visitors **must** respect the personal space of others.
 - Room curtains **must** be drawn closed to divide the room, where available.
- Visiting multiple residents:
 - Visitors **must** wear a medical mask over their nose and mouth for the duration of all visits if visiting directly with more than one resident during a single visit (e.g., spiritual care by a faith leader).
 - If the purpose of a visit requires visiting multiple residents during a single visit, including a resident sick with respiratory illness, visitors **must** visit well resident(s) first before visiting a sick resident.

Residents:

- Residents **must** wear a medical mask over their nose and mouth, and other PPE, when directed by a health care worker during the provision of direct patient care, if medically tolerated. This does not apply to residents unable to wear a medical mask because of a health condition or a physical or mental impairment.
- In all other circumstances, residents **should** choose to wear a medical mask based on personal choice.

Hand Hygiene:

- Facility operators **must** have alcohol-based hand rub (ABHR) available at the entrances of facilities and at the point-of-care.
- Facility operators **must** post appropriate signage at facility entrances, in washrooms, and in common areas directing people to clean their hands.
- Health care workers **must** perform rigorous hand hygiene in accordance with the moments for hand hygiene.

Immunization:

- Health care workers **must** meet immunization requirements in accordance with Ministry of Health and employer policies, and when directed by a medical health officer.
- Proof-of-vaccination is **not** required for patients, clients, residents, or visitors.

Enhanced Cleaning and Disinfection:

- Facility operators **must** continue twice a day cleaning and disinfection of all high-touch/high-frequency contact points.³

³ See [British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf](#) for more information.

Health Care Worker Illness and Return to Work:

- Health care workers **must** follow provincial VRI exposure and return-to-work guidance, available at: <https://picnet.ca/wp-content/uploads/Provincial-Guidance-RTW-and-Exposure-Management-for-HCW-with-VRI-2023-Oct-20.pdf>. This includes self-monitoring for signs and symptoms of illness prior to work and staying home when sick.

Occupancy Limits and Physical Distancing:

- Unless directed by a medical health officer, IPC physician or their designate, occupancy limits and physical distancing are **not** required as IPC measures in waiting rooms, meeting rooms, or communal areas.
- Facility operators **must** continue to follow all other mandated occupancy limits and requirements set out in, for example, local fire regulations.

2. Other Health Care Facilities and Settings Where Health Care is Provided.

Masking:

Health care workers (clinical and non-clinical):

- All persons working in a patient care area in Other Health Care Settings where Health Care is Provided **must** wear a medical mask over their nose and mouth, except when eating and/or drinking.
- Health care workers **must** wear other PPE (e.g., a respirator) where indicated by a point-of-care risk assessment (PCRA) that considers all occupational risks, including potential exposures to viral respiratory illnesses.
- Health care workers **must** wear all required PPE in accordance with local IPC policy when additional precautions (i.e., contact, droplet, airborne) have been initiated for a patient, client or resident.
- Medical masks in non-patient care areas (e.g., administrative offices) **must** be worn if required by a workplace communicable disease safety plan or as directed by a medical health officer.
- In all other circumstances, health care workers **should** choose to wear a medical mask based on personal preference.
- Access to additional PPE for HCWs, such as respirators, **must** be provided in circumstances where, based on a PCRA, a HCW determines there is elevated risk of VRI transmission through patient/resident/client interaction.

Visitors:

- Unless directed by a medical health officer, IPC physician or their designate, limits on the number of visitors are **not required**.

- Unless directed by a medical health officer, IPC physician or their designate, VRI testing (e.g., COVID-19 rapid antigen testing) is **not required** for visitation.
- Visitors **must** wear a medical mask over their nose and mouth in all patient care areas.
- Visitors **must** wear all required PPE in accordance with local IPC policy when additional precautions (i.e., contact, droplet, airborne) have been initiated for a patient, client or resident.
- In all other circumstances, visitors **should** choose to wear a medical mask based on personal preference.

Patients:

- Patients **must** wear a medical mask and other PPE when directed by a health care worker during provision of direct patient care, if medically tolerated.
- Patients and the people accompanying them **must** wear a medical mask over their nose and mouth in all emergency departments and waiting rooms.
- In all other circumstances, patients **should** choose to wear a medical mask based on personal choice.

Hand Hygiene:

- Facility operators **must** have alcohol-based hand rub (ABHR) available at entrances to facilities and at the point-of-care.
- Facility operators **must** post appropriate signage at facility entrances, in washrooms, and in common areas directing people to clean their hands.
- Health care workers **must** perform rigorous hand hygiene in accordance with the moments for hand hygiene.

Immunization:

- Health care workers **must** meet immunization requirements in accordance with Ministry of Health and employer policies, and when directed by a medical health officer.
- Proof-of-vaccination is **not** required for patients, clients, residents, or visitors.

Enhanced Cleaning and Disinfection:

- Facility operators **must** continue twice a day cleaning and disinfection of all high-touch/high-frequency contact points.³

Health Care Worker Illness and Return to Work:

- Health care workers **must** follow provincial VRI exposure and return-to-work guidance, available at: <https://picnet.ca/wp-content/uploads/Provincial-Guidance-RTW-and-Exposure-Management-for-HCW-with-VRI-2023-Oct-20.pdf>. This includes self-monitoring for signs and symptoms of illness prior to work and staying home when sick.

Occupancy Limits and Physical Distancing:

- Unless directed by a medical health officer, IPC physician or their designate, occupancy limits and physical distancing are **not** required as IPC measures in waiting rooms, emergency departments, meeting rooms, and communal areas.
- Facility operators **must** continue to follow all other mandated occupancy limits and requirements set out in, for example, local fire and safety regulations.

Implementation:

1. All health care employers within the scope of this policy **must** develop guidance materials aligned with this policy to support local implementation.
2. All health care facilities **must** provide medical masks, respirators, and other PPE for HCWs, patients, clients, residents, and visitors where indicated in this policy.