

# INFECTION PREVENTION AND CONTROL

## PROVINCIAL GUIDELINES

### Provincial Infection Prevention and Control Guidance for Viral Respiratory Illness for Primary Care Practitioners and Community-Based Health Care Providers in Clinic Settings in British Columbia

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April 13, 2026

## Table of Contents

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Guideline Update Overview .....	3
Abbreviations .....	4
Key Terms .....	4
<b>1. Introduction .....</b>	<b>9</b>
1.1. Purpose and Scope .....	9
<b>2. Viral Respiratory Illness Definitions .....</b>	<b>10</b>
2.1. Probable Viral Respiratory Illness Case .....	10
2.2. Confirmed Viral Respiratory Illness Case .....	11
<b>3. Immunization for Health Care Workers, Patients, and Visitors .....</b>	<b>11</b>
<b>4. Infection Prevention and Control Measures .....</b>	<b>11</b>
4.1. Routine Practices .....	12
4.1.1. Point-of-Care Risk Assessment (PCRA) .....	12
4.1.2. Hand Hygiene .....	12
4.1.3. Respiratory Etiquette .....	13
4.2. Administrative Measures .....	14
4.2.1. Screening for VRI Symptoms and Risk Factors .....	14
4.2.2. Specimen Collection and Testing for Viral Respiratory Illness .....	15
4.2.3. Guidance for Personal Protective Equipment (PPE) .....	15
4.2.4. Additional Precautions .....	18
4.2.5. Aerosol Generating Medical Procedures (AGMP) .....	20
4.2.6. Health Care Worker Management and Safety .....	21
4.2.7. Education for Health Care Workers, Patients, Visitors, and Support Persons .....	22
4.3. Environmental Measures .....	22
4.3.1. Cleaning and Disinfection .....	22
4.3.2. Indoor Ventilation .....	23
4.3.3. Physical Structure of the Clinic .....	24
<b>5. Clinic Response Planning and Organization .....</b>	<b>25</b>
<b>Appendix A: Additional Tools and Resources .....</b>	<b>26</b>
<b>Appendix B: Provincial Infection Prevention and Control (IPC) Preparedness Checklist for Viral Respiratory Illness (VRI) for Primary Care Practitioners and Community Clinic Settings .....</b>	<b>28</b>
<b>Appendix C: Common Viral Respiratory Illness Pathogens .....</b>	<b>31</b>
<b>References .....</b>	<b>32</b>

## Guideline Update Overview

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### Summary of Changes

Version	Summary of Major Changes
March XX 2026	<ul style="list-style-type: none"><li>• Replaces: This guidance replaces the Provincial Infection Prevention and Control Guidance for Viral Respiratory Illness for Primary Care Practitioners and Community-Based Health Care Providers in Clinic Settings (January 15, 2025).</li><li>• Updates for alignment with BC Ministry of Health Policy Communiqué: Infection Prevention and Control Measures for Preventing Viral Respiratory Illness (November 27, 2025).</li><li>• Removed reference to facility entrance screening tool and mask required poster.</li><li>• Updated links to current guidance documents, tools (e.g., signage and posters), and resources.</li></ul>
January 15, 2025	<ul style="list-style-type: none"><li>• Replaces: COVID-19 Infection Prevention and Control: Guidance for Primary Care Practitioners, Community-Based Physicians, Nurse Practitioners, Nurses, and Midwives in Clinic Settings (September 2021).</li><li>• The changes encompass all viral respiratory illness (VRI), including COVID-19, influenza, and Respiratory Syncytial Virus (RSV) and is no longer limited to COVID-19.</li><li>• Pathogens that are out-of-scope have been listed for clarification.</li><li>• To include non-health authority urgent and primary care centers (UPCCs). Health authority operated UPCCs can refer to the <a href="#">Provincial Infection Prevention and Control Guidance for Viral Respiratory Illness for Acute Care and Ambulatory Health Care Settings in British Columbia</a>.</li><li>• Removed measures specific to COVID-19.</li><li>• Added definitions section, including probable and confirmed VRI cases.</li><li>• Updated screening recommendations for health Care workers (HCWs), patients, and visitors.</li></ul>

### 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.

## Abbreviations

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ABHR	Alcohol-Based Hand Rub
AGMP	Aerosol Generating Medical Procedure
CHCs	Community health centres
COVID-19	Coronavirus Disease, 2019
CPO	Carbapenemase-producing organisms
HCP	Health care provider
HCW	Health care worker
ILI	Influenza-like Illness
IPC	Infection prevention and control
IPCP	Infection prevention and control professional/team
MHO	Medical Health Officer
MRSA	Methicillin-resistant Staphylococcus aureus
PHO	Provincial Health Officer
PHAC	Public Health Agency of Canada
PICNet	Provincial Infection Control Network of British Columbia
PPE	Personal Protective Equipment
ORA	Organizational risk assessment
RSV	Respiratory syncytial virus
SARS-CoV-2	Severe Acute Respiratory Syndrome – Coronavirus-2
TB	Tuberculosis
UPCCs	Urgent and primary care centres
VRI	Viral Respiratory Illness
WHS	Workplace Health and Safety/Occupational Health and Safety

## Key Terms

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**Additional precautions:** Interventions implemented for certain pathogens or clinical presentations in addition to routine infection prevention and control practices, to reduce the risk of transmission of microorganisms from patient to patient, patient to health care worker (HCW), and HCW to patient.

**Aerosol generating medical procedure (AGMP):** Medical procedure(s) that can generate a large volume of very small droplets (aerosols) as a result of artificial manipulation of a person's airway.

**Airborne precautions:** Interventions to reduce the risk of transmission of microorganisms through airborne droplet nuclei (small particle residue of evaporated droplets containing microorganisms that remain suspended in the air for long periods of time) or dust particles containing the infectious agent. This intervention is one of a number of additional precautions.

Alcohol-based hand rub (ABHR): A liquid, gel, or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in situations when the hands are not visibly soiled. Optimal strength of ABHRs used in health care settings should be 70% to 90% alcohol.

Case: An epidemiological term for a person in the population or study group identified as having a particular disease, health disorder, or condition under investigation. The epidemiologic definition of a case is not necessarily the same as the ordinary clinical definition.

Case definition: A set of diagnostic criteria that must be fulfilled to identify a person as a case for a particular disease. The case definition can be based on clinical and/or laboratory criteria.

Cleaning: The physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions, or microorganisms, using mechanical and/or chemical means. Cleaning physically removes rather than kills microorganisms.

Cohort: Two or more patients colonized or infected with or exposed to the same organism that are separated physically, in a room or unit, away from other patients. For example, patients with a suspected or confirmed diagnosis, and patients without symptoms suggestive of viral respiratory illness (VRI), can each be a respective patient cohort.

Cohorting HCWs: The practice of assigning specified personnel to only care for patients known to be colonized/infected with or exposed to the same organism. Such individuals would not participate in the care of other patients.

Contact precautions: Interventions to reduce the risk of transmission of microorganisms through direct or indirect contact. This intervention is one of a number of additional precautions.

Community-associated infection: An infection likely acquired before a health care encounter or accessing health care services and not a health care-associated infection.

Drug Identification Number (DIN): In Canada, disinfectants are regulated under the Food and Drugs Act and Regulations. Disinfectants must have a drug identification number (DIN) from Health Canada prior to marketing. This ensures that labeling and supportive data have been provided and that it has been established by the Therapeutic Products Directorate (TPD) that the product is effective and safe for its intended use.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Disinfection usually involves chemicals, heat, or ultraviolet light.

**Droplet and contact precautions:** Interventions used, in addition to routine practices, to reduce the risk of transmission of microorganisms via respiratory droplets and through direct and indirect contact. Droplet and contact precautions include the use of personal protective equipment (PPE) such as a medical mask, eye protection, gown, and exam gloves whenever an individual is within two meters of the patient. Signage to communicate droplet and contact precaution measures are also used. This set of interventions is one of a number of additional precautions.

**Hand hygiene:** A process for the removal of soil and transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or the use of ABHRs. Hand washing with soap is required whenever hands are visibly soiled.

**Health care-associated infection:** An infection acquired during the delivery of health care that was not present or incubating at the time of admission. This includes infections in patients and residents as well as health care workers. Also known as a nosocomial infection.

**Health care worker (HCW):** Individuals providing or supporting health care services. This includes, but is not limited to emergency service providers, physicians, dentists, chiropractors, nurses, podiatrists, respiratory therapists and other allied health professionals, students, support services (e.g., housekeeping, dietary, maintenance, hairdressers), and volunteers.

**Hospital-grade disinfectant:** A disinfectant that has a drug identification number/natural product number (DIN/NPN) from Health Canada indicating its approval for use in Canadian hospitals.

**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.

**Isolation/Surgical Gowns:** Medical grade personal protective equipment gowns which cover the full length of the arms and are typically fastened at the rear. They meet AAMI PB70 and CSA Z314 performance standard requirements.

**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 staff.

Outbreak: An increase in the occurrence of cases of infection or disease over what is expected in a defined setting or group in a specified time period; synonym of epidemic but used more often when limiting the geographic area.

Organizational risk assessment (ORA): An assessment done by organizations/institutions to identify and evaluate the risk of exposure to infectious agents in the health care environment and to implement appropriate control measures (e.g., communicable disease safety plan) according to the hierarchy of controls to minimize the risks.<sup>1</sup>

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

Patient care area: Any room or area in clinic settings, where patients are actively receiving care. This includes waiting areas, examination rooms 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 or areas where care is not being provided, such as foyers, hallways, and cafeterias.

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

Respirator: PPE that provides respiratory protection for the wearer to reduce the risk of inhaling airborne particles, including infectious agents by forming a tight seal, protecting the mouth and nose, and filtering out air particles. The device is tested and certified in accordance with established standards by the Canadian Standards Association, Health Canada, National Institute for Occupational Health and Safety, or equivalent and approved for use by the health authority or organization. Examples include disposable filtering facepiece respirators such as N95 respirators, elastomeric respirators, and powered air-purifying respirators (PAPRs).

Respiratory droplets: Range of small (aerosols) and large fluid particles that are generated when a person coughs or sneezes or when an AGMP is done.

Routine practices: The practices recommended in Canada to be used with all patients to prevent and control transmission of infectious microorganisms in health care settings. These include point-of-care risk assessment (PCRA), hand hygiene, respiratory hygiene,

patient placement and accommodation, use of PPE, aseptic technique, safe linen and waste handling practices, and equipment cleaning and disinfection.<sup>2</sup>

**Safety Data Sheets:** Information bulletin documents, usually written by the manufacturer or supplier of a product, that provides information about the physical and chemical properties, health hazards, routes of exposure, safety precautions for handling and use, emergency and first-aid procedures, and control measures of a product.

**Test-based strategy:** The decision to discontinue additional precautions based on having negative test results.

**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. Refer to [Section 2](#) of this document for probable VRI and confirmed VRI case definitions.

**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. Introduction

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Viral respiratory illness (VRI) such as influenza, coronavirus, respiratory syncytial virus (RSV), and “common cold” viruses are prevalent across the globe. VRIs have similar routes of transmission, which means that measures to prevent and control transmission in health care settings can be highly effective against all of them. VRIs are most often transmitted across a spectrum of small (aerosols) and large respiratory droplets expelled when an infected person coughs or sneezes, and when aerosol generating medical procedures (AGMPs) are performed.<sup>2,3</sup> Multiple factors may influence transmission and infection with VRI (e.g., transmissibility of the virus, enclosed spaces, relative humidity, ventilation). **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.

Infections in healthy individuals are generally mild and self-limiting, but they can lead to severe illness and death, especially in people who are more clinically vulnerable. COVID-19 and influenza viruses continue to be an important cause of morbidity and mortality in patients and residents in health care facilities, including people who are immune compromised, frail, or elderly. Preventing transmission of VRIs is essential to minimizing the risks for patients, health care workers (HCWs), visitors, and staff working in these health care settings. VRIs have similar routes of transmission, which means that IPC measures to prevent and control transmission in these health care settings can be highly effective against all of them.

## 1.1. Purpose and Scope

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This document provides office or clinic-based infection prevention and control (IPC) guidance for primary care practitioners, community-based physicians, nurse practitioners, nurses, and midwives working in clinics, non-health authority operated urgent and primary care centres (UPCCs), and community health centres (CHCs), to mitigate the impact of VRIs that spread primarily through close range respiratory droplets, such as SARS-CoV-2, influenza, and RSV. This guideline outlines the IPC measures to provide care safely in these settings, including interactions with patients.

This guidance is based on the latest best practice and scientific evidence and is subject to change as new information becomes available. Due to the very broad range of services and settings in BC, this guideline may need adapting for specific context.

Although not within the scope of these guidelines, it is important to note that some infections, such as Legionella, tuberculosis (TB), and emerging pathogens with unknown characteristics, require special consideration and additional control measures. For airborne-spread infections (e.g., measles, TB) or for emerging pathogens (e.g., avian influenza) with uncertain modes of transmission, organism-specific guidelines should be

followed as laid out by the regional health authority, the BC Centre for Disease Control<sup>5</sup>, and the Public Health Agency of Canada<sup>6</sup>.

All HCWs must follow current provincial and organizational policies, including current orders from the Provincial Health Officer (PHO) and their local Medical Health Officer (MHO).

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 applicable policy for the health care facility and profession including the regulations, and/or Public Health Orders.

Further Information/Resources:

- Refer to [Appendix B: Provincial IPC Preparedness Checklist for VRI for Primary Care Practitioners and Community Clinic Settings](#) to assist with implementing this guidance.
- For viral respiratory pathogens of concern, refer to the [BC Centre for Disease Control's \(BCCDC\) Respiratory Virus Data webpage](#) for more information.
- Where avian influenza is confirmed or suspected, refer to the [BCCDC's Communicable Disease Manual](#), [PICNet's Highly Pathogenic Avian Influenza – interim infection prevention and control recommendations](#), and the [Public Health Agency of Canada's Avian influenza A \(H5N1\): for health professionals](#).

## 2. Viral Respiratory Illness Definitions

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Early detection of viral respiratory illness symptoms facilitates the rapid implementation of effective control measures to limit the spread of VRIs.

### 2.1. Probable Viral Respiratory Illness Case

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A patient is suspected to have a VRI when they have acute onset of signs and symptoms of a VRI based on clinical judgement\* AND testing has not yet occurred or results are pending.

VRI signs and symptoms include a new or worsening cough with fever\*\* and any one or more of the following (not listed in any particular order of significance):

- Shortness of breath
- Runny or stuffy nose (i.e., congestion) or sneezing
- Sore throat or hoarseness or difficulty swallowing
- Other non-specific symptoms can include tiredness, malaise, muscle aches (i.e., myalgia), headache, and nausea, vomiting, or diarrhea (maybe present in some patients, particularly children).

\*Note: Clinical judgement is required to assess probable VRI. Other etiologies including

non-infectious causes must be considered and ruled out (e.g., side effects of medication or chronic health conditions).

\*\* Fever may or may not be present, particularly in young children, the elderly, the immuno-compromised, or those taking medications such as steroids, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), or Acetylsalicylic Acid (ASA). A temperature <35.6°C or > 37.4°C in the elderly may be an indication of infection.

## 2.2. Confirmed Viral Respiratory Illness Case

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A confirmed case of VRI is a patient with:

- Signs and symptoms of acute respiratory infection (as listed above);  
AND
- Confirmation of infection with the pathogen causing VRI, (i.e., influenza, SARS-CoV-2, parainfluenza, RSV, adenovirus, rhinovirus, metapneumovirus)\* by validated laboratory testing.

Note: Once initial testing has identified the causative agent within a select group of symptomatic patients, further testing of symptomatic residents may be suspended at the discretion of the Medical Health officer (MHO) or MHO official designate.

\* Further Information/Resources: Refer to [Appendix C: Common VRI Pathogens](#) for organism-specific information, including incubation and communicability periods.

## 3. Immunization for Health Care Workers, Patients, and Visitors

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- All primary care practitioners, community-based physicians, nurse practitioners, nurses, and midwives working in clinics settings must meet immunization requirements in accordance with Ministry of Health and employer policies, and when directed by a medical health officer.
- Patients, clients, or visitors are not required to be vaccinated, nor do they need to provide proof of their vaccination.
- Regardless of the immunization status, people (e.g., visitors) are not to visit a health care facility if they are sick and/or have symptoms of an infectious disease (e.g., active respiratory or gastrointestinal symptoms).

## 4. Infection Prevention and Control Measures

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Implementation of IPC measures helps create a safe environment for HCWs, staff, visitors, and patients in clinic settings.

Further Information/Resources: Refer to the [Hierarchy of Controls for Infection Prevention and Exposure Measures for Communicable diseases](#).

## 4.1. Routine Practices

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- [Routine practices](#) should be in place at all times in all acute care and ambulatory health care settings. They are fundamental to preventing transmission of microorganisms among patients, HCWs, staff, and visitors in these settings.
- Routine practices and other risk reduction strategies include conducting a point-of-care risk assessment (PCRA) before every patient interaction, hand hygiene, respiratory hygiene, cleaning and disinfection, and appropriate use of personal protective equipment (PPE).

### 4.1.1. Point-of-Care Risk Assessment (PCRA)

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- Prior to any patient interaction, all HCWs and staff must conduct a PCRA to assess any infectious risks that a patient, situation, or procedure might pose to themselves, other HCWs, patients, and visitors.<sup>9</sup>
- To conduct a PCRA, evaluate the likelihood of exposure to an infectious disease, including VRI, during the following:
  - A specific interaction (e.g., direct patient care versus performing or assisting with AGMPs versus non-clinical interactions);
  - With a specific patient (e.g., infants or young children) whether the patient has symptoms consistent with an infectious illness, whether all secretions/excretions are contained (e.g., compliance with respiratory hygiene), whether the patient is able to follow instructions (e.g., cognitive abilities, mental health condition);
  - In a specific environment or setting in which the interaction will take place (e.g., the patient is in an open area or multi-bed room, versus a private examination room).
- The [PCRA tool](#) should be used in assessing exposure risks and identifying appropriate measures to prevent and control exposure, such as use of PPE. The questions and actions can be adapted for specific-care settings, roles, and suspected or confirmed VRI infectious agent (e.g., influenza, SARS-CoV-2, and RSV).

### 4.1.2. Hand Hygiene

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- All HCWs, staff, patients, and visitors must rigorously practice hand hygiene with plain soap and warm water or at least 70% alcohol-based hand rub (ABHR) as this is the most effective way to reduce the spread of infections.
- Some best practices are as follows:
  - Clean hands using at least 70% ABHR or use plain soap and water for at least 20 seconds.
  - Antibacterial soap is NOT necessary for prevention of VRIs.
  - Hand washing with soap and water is recommended when hands are visibly soiled/dirty.
- Strategies to support and promote diligent hand hygiene:

- Ensure dedicated hand hygiene stations are set up at the facility, unit, clinic, and room entrances so everyone can perform hand hygiene when they enter.
- Ensure hand hygiene sinks, plain soap dispensers, singly dispensed paper towel holders, ABHR dispensers, and related supplies are readily available throughout the facility.
- Provide HCWs with personal size containers of ABHR with at least 70% alcohol where ABHR dispensers cannot be mounted or easily accessible due to patient safety concerns.
- Ensure other supplies, including disinfecting wipes, tissues, and non-touch waste bins, are available as required at point-of-use.
- [Post signage](#) to promote and reinforce the importance of diligent hand hygiene and proper hand hygiene technique with HCWs, staff, patients, and visitors on an ongoing basis.
- Encourage all patients to perform hand hygiene where physically and cognitively feasible. Assist residents with performing hand hygiene if they are unable to do so by themselves.
- Instruct HCWs, staff, patients, and visitors on hand hygiene which must be performed:
  - On entering the clinic or unit;
  - On entering the examination or patient room;
  - On leaving the examination or patient room;
  - Before and after contact with the patient or the patient care environment;
  - After risk of a body fluid exposure;
  - Before putting on/donning PPE;
  - In between each step when taking off/doffing PPE;
  - Before meals;
  - After using the washroom;
  - After using a tissue for their face; and
  - After coughing or sneezing.
- Where applicable, instruct HCWs and staff that hand hygiene must also be performed:
  - At the beginning of the workday;
  - Before and after breaks;
  - After removing each individual piece of PPE and before putting on new PPE;
  - Before and after contact with a patient or their environment, even while wearing gloves;
  - Before performing a clean or sterile procedure;
  - Before assisting patients with feeding or medications; and
  - After contact with body fluids.

### 4.1.3. Respiratory Etiquette

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Respiratory hygiene is also known as respiratory and cough etiquette.

- [Post signs](#) at the facility, unit, clinic, and room entrances to encourage and guide patients, HCWs, staff, and visitors to follow proper respiratory etiquette.

- Ensure an adequate supply of tissues and waste baskets are available for use by patients, HCWs, staff, and visitors.
- Reinforce the importance of diligent respiratory etiquette with patients, HCWs, staff, and visitors on an ongoing basis, including:
  - Covering the nose and mouth when sneezing and coughing with a disposable tissue, bent elbow, or upper sleeve (even when this is due to allergies or chronic illness);
  - Using disposable, single use tissues for wiping noses;
  - Immediately disposing of used tissue into a waste bin;
  - Performing hand hygiene after coughing, sneezing, or using tissues;
  - Refraining from touching their eyes, nose, or mouth with unclean hands;
  - Wearing a medical mask when experiencing VRI symptoms; and
  - Refraining from sharing food, drinks, unwashed utensils, cigarettes, or vaping devices.

## 4.2. Administrative Measures

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### 4.2.1. Screening for VRI Symptoms and Risk Factors

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- Follow the current and applicable Ministry of Health policy directives, regulations, and Public Health Orders.

#### Passive Screening

Passive screening means that all HCWs, staff, patients, visitors, and support persons will self-screen and monitor for respiratory (and gastro-intestinal) symptoms before and when entering the health care setting. Passive screening includes the following actions by operators:

- [Post signage](#) at appropriate locations around the facility (e.g., facility and unit entrances) with foundational IPC controls, including self-screening for symptoms by reviewing the signage, hand hygiene, respiratory hygiene, respecting personal space, and staying home when sick. Additionally, ensuring the availability of ABHRs and medical masks for those who wish or need to use them.
- [Post signs](#) in multiple languages at all entry point(s) reminding people not to enter if they are sick or if they are required to self-isolate in accordance with public health directives.

Further Information/Resources: Please refer to the following IPC posters on PICNet website:

- [VRI Transmission](#) poster.
- [How to Clean your Hands](#) poster.
- [Respect Personal Space](#) poster.
- [How to Wear a Medical Mask](#) poster.
- [Staff and Visitors Entrance poster](#) for VRI and other communicable diseases.
- [All Patients Entrance poster](#) for VRI and other communicable diseases.

### Active Screening

- Active screening may be in place when indicated by provincial or organizational direction (e.g., , emergency department screening). This may include:
  - Active screening of visitors for VRI symptoms upon entry;
  - Directing all individuals to perform hand hygiene upon entry; and
  - Providing medical masks.
- As part of a PCRA and a clinical assessment, HCWs must assess and monitor patients for VRI symptoms and take appropriate measures to prevent and minimize the risk of exposures.

### Screening of Health Care Workers and Staff

- Before each shift, all HCWs including volunteers, contractors, and students must follow:
  - All applicable employer communicable disease policies, including self-screening for symptoms, practicing hand hygiene and respiratory hygiene, and staying home if they are ill; and
  - Measures outlined in [the VRI health care worker self-check and safety checklist](#).

### 4.2.2. Specimen Collection and Testing for Viral Respiratory Illness

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- All HCWs must follow institutional processes and procedures for specimen collection, transport, and testing.
- Follow droplet and contact precautions during specimen collection. These precautions include wearing a gown, gloves, medical mask, and eye protection (e.g., face shield/goggles).

#### Further Information/Resources:

- Refer to the [BCCDC's viral testing](#), [Laboratory Services](#), and [Laboratory memos & Communications](#) web pages.
- Refer to [Guidance for Personal Protective Equipment \(PPE\)](#) outlined below in this document.
- Refer to the video on [how to collect a nasopharyngeal swab](#) for additional sources of information.

### 4.2.3. Guidance for Personal Protective Equipment (PPE)

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#### For Health Care Workers and Staff

- HCWs and non-clinical staff must follow provincial policy for IPC measures in health care settings, as applicable.
- Additionally, HCWs must follow their health authority/organizational guidelines for PPE and use PPE that is approved by their organization.
- HCWs must perform a PCRA to determine if additional PPE or IPC measures are required.
- When in contact with patients deemed at risk for having a VRI, HCWs must implement droplet and contact precautions, which includes wearing a medical mask, eye protection, gloves, and gown.

- Access to additional PPE, such as respirators, must be provided by the health care setting in circumstances where a HCW determines there is elevated risk of transmission through patient interaction based on a [PCRA](#).
- When using PPE, HCWs must always:
  - Combine frequent hand washing using plain soap and water or ABHR with a minimum of 70% alcohol content.
  - Change gloves between patients, accompanied by hand hygiene between each glove change.
  - Change medical mask if the mask becomes wet, damaged, or soiled or when leaving the facility.
  - Practice hand hygiene after removing (doffing) each individual piece of PPE and before putting on (donning) new PPE.
- A medical mask and eye protection must be worn based on a PCRA and when within two metres of a patient who is on droplet and contact precautions.
  - Avoid touching your mask or eye protection. If you must touch or adjust your mask or eye protection, perform hand hygiene immediately before and after adjusting.
  - If you need to remove your mask and eye protection (e.g., at the end of a shift or during a break), leave the patient care area, ensure a distance of two metres from the patient, or exit the exam room. Dispose of the mask and perform hand hygiene:
- Gloves must be worn based on a PCRA or for contact with patients or the patient care environment when on droplet and contact precautions.
  - Gloves should not be re-used between patients.
  - Gloves must be removed, disposed of, and a new pair worn following hand hygiene as they are single use.
- Gowns must be worn based on a PCRA or for contact with patients or the patient care environment when on droplet and contact precautions.
  - Gowns should not be re-used between patients.
- Eye protection must be worn based on a PCRA and when within two metres of a patient who is on droplet and contact precautions.
  - Eye protection should be a well-fitting device that covers the front and sides of the face and must be worn in addition to any prescription glasses. Refer to [Eye Protection Selection Fit Tool](#) and [Prescription Eye Protection Selection Requirements](#).
  - Avoid touching eye protection when worn. If touched or adjusted, hand hygiene must be performed immediately before and after.
  - Eye protection must be disposed of and replaced if they become soiled, wet, damaged during use.
  - Eye protection must be removed, discarded, and hand hygiene performed at least two metres away from patients on droplet and contact precautions.
  - Reusable eye protection must be cleaned and disinfected as per [instructions for cleaning and disinfection of reusable eye and facial protection](#) when used for multiple patient encounters, when visibly soiled, and when leaving the patient care area.
  - For clinical tasks with significant risk of splashing, like AGMPs, a full-face shield or goggles should be used.

- Fit tested respirators should be worn based on a PCRA and for AGMPs on patients with suspected or confirmed VRI infections that can potentially spread through aerosolization (e.g., COVID-19, circulating novel respiratory viruses). See [Aerosol Generating Medical Procedure](#) section below for more information.
  - Respirators must be removed outside the patient care area and hand hygiene performed.
  - Respirators must be disposed of and replaced per health authority and manufacturer's instructions if soiled, wet, or damaged during use.
  - Refer to [donning and doffing instructions for respirators](#) on PICNet website.
- HCWs must don and doff PPE safely after every patient interaction.
  - Hand hygiene must be performed before donning and after doffing PPE.
  - Ensure PPE instructions on [how to put on \(don\)](#) and [take off \(doff\) PPE](#) are readily available for HCWs.
- Extended Use of PPE considerations:
  - HCWs must follow provincial policies and organizational guidance for extended use of PPE.
  - Gloves must be changed between each patient.
  - Glove and gown use should not be extended unless recommended by provincial or organizational direction during pandemics and/or PPE supply shortages.
  - A medical mask can be extended in patient care areas when required or recommended as part of provincial policy or when recommended by MHO during VRI outbreaks. In this context, medical mask must be removed, and hand hygiene must be performed:
    - If the mask becomes soiled, wet, or damaged;
    - When leaving the patient care area; and
    - After exiting the room or bed space of a patient on additional precautions.
  - Medical mask or respirator and eye protection use can be extended when worn by HCWs inside a room or area with a cohort of patients with the same VRI (e.g., a family presenting with VRI) and when no other infectious pathogen is present (e.g., Methicillin-resistant Staphylococcus aureus (MRSA), carbapenemase-producing organisms (CPO)).
  - Medical mask and eye protection must be removed and hand hygiene must be performed at least two metres away or outside the room of patients on droplet and contact precautions.
  - Respirators must be removed outside the patient room and hand hygiene must be performed.
  - Medical mask, eye protection, and respirators must be removed and replaced if they become soiled, wet, or damaged during use.
  - Change PPE if moving from patients with the same confirmed VRI to patients without confirmed VRI/different VRI pathogen.
  - Change PPE if moving between patients on additional precautions for non-VRI reasons (e.g., airborne, droplet, or contact precautions).
  - Properly doff and dispose/clean and disinfect PPE when leaving a patient care area (e.g., at end of shift, during breaks or mealtimes).

#### For Patients, Visitors, and Support Persons

- Patients, visitors, and support persons must follow routine practices and any additional precautions that are in place for VRI prevention reasons.
- Patients must wear a medical mask or other PPE when directed by a health care worker during direct patient care, if tolerated.
  - Patients presenting with VRI signs and symptoms should wear a medical mask (if tolerated) for source control when entering the facility, leaving the exam room (e.g., during transport), or when in common areas of the health care setting.
- Unless directed otherwise, visitors and support persons accompanying patients with symptoms or a diagnosis of a VRI should wear a medical mask.
  - If assisting with patient care or based on a PCRA by the HCW, they must follow droplet and contact precautions (wear gown, gloves, eye protection, and medical mask).
- Unless directed otherwise, patients, visitors, and support persons may choose to wear a medical mask based on personal choice.

#### Signage for appropriate use of PPE

- Post signage for [droplet and contact precautions](#) outside the room/space of residents who are suspected of having or have been diagnosed with a VRI.
- Post signs for [appropriate use of PPE in health care settings](#).
- Post signs at appropriate locations with instructions on [how to put on \(don\)](#) and [how to take off \(doff\) PPE](#).
- Post signs at appropriate locations on [how to wear a medical mask](#).
- Post instructions at appropriate locations on [how to clean and disinfect eye and facial protection](#).
- Post signage to inform HCWs about [skin protection from PPE use](#).

#### Personal Protective Equipment Procurement

- General practitioners, nurse practitioners, and physician specialists in community clinics can order PPE and critical supplies, including ABHR and disinfecting products, through the [Health PPE Portal](#).
- Midwives continue to have access to PPE and critical supplies through the [Product Distribution Centre](#) website at the Ministry of Citizens' Services.

Further Information/Resources: For up-to-date information on PPE, please refer to PICNet's website for PPE [posters](#) and [donning and doffing videos](#).

#### 4.2.4. Additional Precautions

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Additional precautions are used in addition to routine practices when an infection with a specific mode of transmission is suspected or confirmed.<sup>9</sup> These are specific and extra measures required in conjunction with routine practices to prevent transmission. The need for additional precautions should not prevent or delay the provision of medical services.

- Droplet and contact precautions must be implemented for management of patients with suspected/probable and confirmed VRI.

- HCWs must follow organizational policy and procedures for droplet and contact precautions.
- Use precaution signs from your organization or [precaution signs](#) available on the PICNet website.

#### Patient Management with Suspected or Confirmed VRI

Patient management involves planning for patient scheduling and patient flow including triage and placement.

- Follow routine practices. In addition, droplet and contact precautions must be implemented for patients suspected or confirmed to have a VRI.
- Have a dedicated area for patients with VRIs and/or scheduling appointments for these patients later in the day, and/or
- Assess high-risk patients (e.g., elderly, people with chronic illnesses, or people who are immune compromised) as the first appointments of the day.
- HCWs should engage and communicate with patients, families, and care providers to help them understand the nature of the infection, the precautions being used, as well as prevention of transmission of infection to others during their stay in the site, and upon their return to the community.

#### Triage for Patients with Signs and Symptoms of VRI

If a patient presents with signs and symptoms of VRI, implement the following:

- Where possible, have a dedicated area or mechanisms to physically or spatially separate infectious patients from other patients (e.g., privacy curtains/screens are drawn between patients); and/or
- Where possible, schedule appointments for these patients during times of low traffic (e.g., first or last appointment of the day, depending on clinical need) and at different times from high-risk patients (e.g., elderly, those with chronic illnesses, or who are immune compromised); and
- Support patients to perform [hand hygiene](#) and [to wear a medical mask](#) (if tolerated) to reduce the likelihood of transmission of the infection to others.

#### Placement for Patients with Suspected or Confirmed VRI

The following practices are recommended to minimize the risk for VRI transmission and to support IPC practices:

- Place a patient in a single examination room with a private bathroom and sink for hand washing, where possible.
- If a single room is not available, maintain a physical distance of at least two metres from other patients or have mechanisms to physically or spatially separate from other patients (e.g., privacy curtains/screens are drawn between patients).
- **Provide a designated commode chair for the patient's use, if required, and if a private bathroom is not available.**
- Set up a PPE station outside the patient or examination room and implement droplet and contact precautions.

- Post signs outside the patient room/space indicating required precautions and instructions on how to don and doff PPE. Use [precaution signs](#) available on the PICNet website.
- If patients must remain in common areas (e.g., waiting room or treatment areas), have mechanisms to physically or spatially separate infectious patients from other patients. Consult with IPC. These patients should also be supported to wear a medical mask (if tolerated).
- Have hand hygiene supplies and cleaning and disinfectant wipes readily available.

#### Discontinuation of Additional Precautions

Duration of additional precautions can vary depending on the communicable period of the suspected or confirmed VRI infectious agent.

- Follow organizational guidance, based on duration of symptoms and local epidemiology or refer [to Appendix C: Common VRI Pathogens](#).
- Additional precautions should only be discontinued when there are no other remaining infectious diseases or pathogens requiring additional precautions (e.g., a patient with an antibiotic-resistant infection should be placed on contact precautions).
- Prior to discontinuing additional precautions, environmental services/housekeeping should be notified to do an additional precautions discharge/terminal cleaning and disinfection of the patient room or exam room before removing the additional precaution sign.

#### 4.2.5. Aerosol Generating Medical Procedures (AGMP)

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An aerosol generating medical procedure (AGMP) is a medical or surgical procedure that involves manipulation of a patient's airway in a manner that may stimulate coughing and/or promote the generation of aerosols.

- AGMP precautions must be implemented for patients with suspected or confirmed VRI that can be spread by aerosolization (e.g., COVID-19).
- When performing or assisting with a planned or urgent AGMP on a patient with confirmed or suspected VRI on AGMP precautions, implement the following:
  - Place [AGMP sign](#) outside the patient room.
  - Only those HCWs essential to performing the procedure should be in the room.
  - HCWs must wear gown, gloves, and eye protection.
  - Additionally, properly fit-tested and seal checked respirators (e.g., N95 respirator or equivalent) must be worn.<sup>9, 19, 20</sup>
  - In addition, adhere to routine institutional IPC and workplace safety guidelines and practices.
- Additional considerations:
  - Timely interventions for commencing emergent lifesaving procedures (e.g., CPR) should not be delayed to facilitate switching from a medical mask to respirator.
  - A fit-tested and seal-checked respirator with eye protection must also be worn while performing AGMP if a novel/emerging pathogen or one that is transmitted by the airborne route (e.g., pulmonary TB) is suspected.<sup>9,22,23,19,24-26</sup>

- Ensure HCWs have training (e.g., donning/doffing procedures and performing seal checks) and fit testing for respirators (e.g., N95 respirators). Refer to [donning/doffing instructions for respirators](#) on the PICNet website.

Further Information/Resources: For up-to-date information and examples of AGMPs and/or local health authority guidance, refer to the [AGMP guidance on the PICNet website](#).

#### 4.2.6. Health Care Worker Management and Safety

- Ensure that all HCWs have sound knowledge of IPC practices required in the workplace and with patients.
- Ensure there is a process for reporting health and safety concerns.
- All HCWs and staff must meet immunization requirements in accordance with [Public Health orders](#), regulations under the Public Health Act, and employer policies to protect themselves, patients, and others.
- Provide appropriate education and training, monitor for compliance, and take immediate corrective action when needed, on the following topics:
  - Hand hygiene.
  - Environmental cleaning and disinfection.
  - How to conduct a PCRA prior to each patient interaction.
  - Appropriate handling of HCW work clothing/uniforms (e.g. work clothes must be laundered after each shift/workday).
  - Respiratory protection, proper selection and use of PPE, and putting on (donning) and taking off (doffing) of PPE.

#### Health Care Worker Illness

- Develop a contingency plan for staff illnesses and shortages, with consideration given to staff scheduling:
  - Consider adjusting clinic hours to accommodate patient and staffing needs, while supporting IPC measures.
  - Assess employee availability when greater staffing needs and employee absences for family or self-care are expected.

Further Information/Resources:

- For up-to-date information on what to do if a staff member becomes ill, how long to stay away from work, and criteria for return to work for those with symptoms, refer to the [Provincial Guidance on Return to Work and Exposure Management for HCWs with VRI](#).
- Please see the [VRI HCW Self-Check and Safety Checklist](#) for more information.

#### 4.2.7. Education for Health Care Workers, Patients, Visitors, and Support Persons

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- All HCWs and volunteers require IPC education on health authority or organizational policies which includes information regarding the principles of IPC such as routine practices and additional precautions. Yearly review of all infection control principles enhances and reinforces good practices.<sup>1</sup>
- Additionally, HCWs are also responsible for:
  - Educating patients about hand and respiratory hygiene. If the patient has an infection, provide education on practices necessary to reduce the risk of spread.
  - Educating visitors and support persons on respiratory and hand hygiene and any other situationally appropriate practices (e.g., how to use PPE).
  - Providing a demonstration or illustrated visuals to patients and visitors especially where language or other barriers exist.

### 4.3. Environmental Measures

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#### 4.3.1. Cleaning and Disinfection

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Regular cleaning and disinfection are essential for preventing the transmission of VRIs from contaminated objects and surfaces. Cleaning is necessary to remove dirt, organic material and debris, and prepare equipment and surfaces for disinfection to be effective in killing microorganisms. Consistent, regular cleaning and disinfection assists in reducing the potential for environmental transmission of microorganisms and processes must be in place to ensure regular effective cleaning.<sup>11-15</sup>

- Use firm contact and friction, reduce the number of microorganisms.
- Cleaning cloths must be changed frequently to prevent spreading microorganisms from surface to surface. Do not re-dip soiled/used cloths into disinfectant solution.
- Disinfectant wipes labeled as cleaner and disinfectants or with cleaning capability can also be used.<sup>14</sup>
- Ensure cleaning and disinfectant supplies are readily available close to the point-of-use.
- Low-level disinfectants used in a health care setting are required to have a Drug Information Number (DIN) assigned by Health Canada must be used and have demonstrated effectiveness against common bacterial and viral agents.
- **Follow the manufacturer's instructions regarding dilution and contact time required to be effective (i.e., to ensure pathogens have been killed).**
- When organic matter is present (e.g., blood, sputum, vomitus), it must be removed, and surfaces must be cleaned with a detergent or cleaning agent prior to disinfection.

#### Patient Care or Exam Areas

- Patient care or exam areas must be cleaned and disinfected according to established institutional procedures.
- Establish clear roles and responsibilities for those responsible for cleaning and disinfecting each piece of medical or non-medical equipment, and environmental surfaces.
- Minimize equipment brought into the exam room.

- Limit items that are not easily cleaned (e.g., fabric or soft items).
- Furnishings in health care environments should be washable, intact, smooth, and tolerant of hospital-grade disinfection, where possible.
- PPE, including disposable gloves must be worn, based on institutional procedural requirements, PCRA, and disinfectant Safety Data Sheet (SDS), when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine).
- Perform hand hygiene before wearing and after removing gloves.
- Clean and disinfect frequently touched surfaces at least twice a day.
  - These include doorknobs, light switches, telephones, keyboards, mice, toys, and all hard surfaces in bathrooms (e.g., sinks, faucets, handles).
- Clean and disinfect the procedure and examination rooms at least once a day.
- In addition to scheduled cleaning and disinfection, clean and disinfect all surfaces as needed (e.g., visibly dirty).
- Follow routine procedures for waste disposal and laundry management.
- Empty garbage containers daily or more frequently as needed.

#### Patient Care Equipment

- Ensure cleaning and disinfectant supplies are readily available close to the point-of-use.
- Minimize equipment brought into the patient or exam room of a patient suspected or confirmed to have VRI.
- Clean and disinfect shared reusable equipment between each patient and use.<sup>11,13-16</sup> This includes stethoscopes, blood pressure cuffs, otoscopes, baby scales, thermometers, tables, and examination beds, chairs, and/or tables.
- Store clean equipment and supplies in a clean room, drawer, cupboard and away from used or dirty equipment to protect from moisture, contamination, and damage.

#### Further Information/Resources:

- Refer to [British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infection in All Healthcare Settings and Programs](#).<sup>17</sup>
- Refer to [Environmental Cleaning and Disinfection in Clinic Settings Quick Reference Guide](#).

#### 4.3.2. Indoor Ventilation

- Heating, ventilation, and air conditioning (HVAC) systems should be properly installed, regularly inspected, and maintained according to HVAC standards and other building code requirements.
- Where feasible, optimize HVAC systems in patient care areas and rooms, especially where patients presenting with communicable respiratory illnesses are cared for.
- Consult with HVAC specialists/professionals prior to making adjustments to ensure appropriate procedures are undertaken and intended parameters are met.

Further Information: Refer to [resources for optimizing indoor ventilation](#) on PICNet website.

### 4.3.3. Physical Structure of the Clinic

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- Facilities may not be able to adopt all of the following measures; however, consideration should be given to incorporating as many of the following measures as possible.
- In consultation with IPC and WHS, maintain existing physical barrier(s) where initial screening or triaging for infectious diseases occurs (e.g., at triage/reception stations).
- Have mechanisms to physically or spatially separate infectious patients from other patients in waiting or treatment areas. Consult with IPC.
- Based on type of screening implemented (passive or active screening), establish a process to identify and facilitate spatial separation of patients with VRI symptoms from other patients.
- [Post signage](#) to assist with self screening and educate on IPC measures for patients, visitors and HCWs (e.g., entrance posters, hand hygiene, respect personal space) at appropriate locations and common areas (e.g., entrance, waiting area, exam room).
- Provide alcohol-based hand rubs (ABHR) with a minimum of 70% alcohol at the reception counter and near exam room doors, for use by patients, visitors, HCWs and staff. <sup>17</sup>
- For the management of patients presenting with suspected or confirmed VRIs, considerations are:
  - Having a process and designated space for triage in waiting areas, and examination rooms.
  - For clinics seeing patients on a walk-in basis, consider setting up VRI screening station(s) for all individuals entering the facility at each designated entry point.
  - Provide medical masks to patients presenting with VRI symptoms.
  - Where feasible, the exam room(s) closest to the entrance should be designated for patients with VRI symptoms to facilitate separation from others, pending formal assessment.
  - Exam rooms should have minimal equipment (e.g., exam table, chair, blood pressure cuff, lights).
  - Minimize sterile and clean supplies located in exam rooms.
  - Keep supplies in closed cabinets or containers to minimize the risk of contamination.
  - Set up a PPE station outside of exam rooms.
- Heating, ventilation, and air conditioning (HVAC) systems should be properly installed and regularly inspected and maintained according to HVAC standards and other building code requirements.
  - Where feasible, optimize HVAC systems in patient care areas and rooms, especially where care is provided for patients presenting with communicable respiratory illnesses.
  - Consult with HVAC specialists/professionals prior to making adjustments to ensure appropriate procedures are undertaken and intended parameters are met.
- If privacy curtains are used in the facility, remove and launder them when visibly soiled, when a patient on additional precautions leaves, and at least quarterly (four times per year).<sup>18</sup>

Further Information/Resources:

- Refer to [resources for optimizing indoor ventilation](#) on PICNet website.
- For information about laundry management, refer to the PICNet website for [Environmental Cleaning and Disinfection in Clinic Settings Quick Reference Guide](#)

## 5. Clinic Response Planning and Organization

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- Develop or update a clinic preparedness plan and response strategy to ensure readiness for managing surges in VRI and future pandemics.
- Conduct an organizational risk assessment (ORA) to identify the effectiveness of present control measures in the setting and the breadth of the [Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Diseases](#) to prevent transmission of VRIs.
- Considerations for an ORA include:
  - Identify where patients are likely to present for care.
  - Identify how multiple patients will be handled at once for screening or treatment.
  - Review and maintain ventilation systems. Measures to improve indoor air quality and ventilation are important to decrease risk of aerosol transmission. See [IPC ventilation resources](#) for more information.
- Establish clearly defined roles and responsibilities for all staff, balanced by cross-training of staff and planning for backfilling positions if staff are unable to work.
- Ensure that information and decision-making pathways are identified.
- Designate a qualified office member(s) as the lead(s) for coordinating surge/pandemic response at the practice level, including staff responsibilities, information gathering and dissemination.
- Consider developing a setting-specific standard operating procedure that outlines setting-specific processes and established roles and responsibilities.

Further Information/Resources: Please see [Appendix B: Provincial IPC Preparedness Checklist for VRI for Primary Care Practitioners and Community Clinic Settings](#) in this

## Appendix A: Additional Tools and Resources

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Provincial guidance and information specific to VRIs can be found at:

- [BCCDC Respiratory Diseases](#)
- [Office of the Provincial Health Officer – Orders, Notices and Guidance](#)
- [BCCDC Respiratory Illness: Getting Vaccinated](#)
- [HealthLink BC](#) and 8-1-1 for health advice on VRIs, including COVID-19 (translation services are available)
- Health care Worker Exposure and Illness Resources
  - [Provincial Guidance on Return to Work and Exposure Management for HCWs with VRI](#)
  - [VRI HCW Self-Check and Safety Checklist](#)

Facility/Unit Entrance VRI posters:

- [Staff and Visitors Entrance poster](#)
- [All Patients/Residents Entrance poster](#)
- [How to Wear a Medical Mask](#)
- [Respect Personal Space](#)

Hand Hygiene resources:

- [How to Clean your Hands](#) poster
- [Hand hygiene videos](#)
- [BC Guidelines and Resources](#)
- [BC Ministry of Health Best Practices for Hand Hygiene](#)

### [Point-of-Care Risk Assessment Tool \(PCRA\)](#)

Personal Protective Equipment (PPE) Use resources:

- [PPE Audit Tool](#)
- PPE [Donning](#) and [Doffing](#) posters
- [PPE Donning and Doffing videos](#)
- [Appropriate Use of PPE in Health Care Settings](#)
- [Cleaning and Disinfection Instructions for Reusable Eye and Facial Protection](#)
- [Eye and Facial Protection Selection Fit Tool](#)
- [Prescription Eye Protection Selection Requirements](#)
- [Skin Protection for PPE Use for Health Care Workers](#)
- [Respirator donning and doffing instructions.](#)
- [Donning instructions for elastomeric half facepiece respirator \(EHFR\) without an exhalation valve filter](#)
- [Position Statement to Address Double Masking and Mask Modifications for Medical Masks in Health Care Settings](#)

VRI Transmission and Chain of Infection posters:

- [VRI Transmission](#)
- [VRI chain of infection](#)

Environmental Cleaning and Disinfection resources:

- [Environmental Cleaning and Disinfection in Clinic Settings Quick Reference Guide](#)
- [British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs](#)

Ventilation resources:

- [Indoor Ventilation resources](#)
- [Provincial IPC Guidance on Portable Fans in Health Care Settings in BC](#)

Other IPC Resources:

- Public Health Agency of Canada's [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- [Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Diseases](#)
- For up-to-date IPC resources, please refer to the [PICNet website](#).

## Appendix B: Provincial Infection Prevention and Control (IPC) Preparedness Checklist for Viral Respiratory Illness (VRI) for Primary Care Practitioners and Community Clinic Settings

### Provincial IPC Preparedness Checklist for VRI in Primary Care and Community Clinic

#### General IPC Measures

- Follow current provincial policy directives and PHO orders.
- Educate all staff about VRIs.
- Develop a contingency plan for staff illness and shortages.
- Assign a staff member(s) to coordinate VRI planning and monitor public health advisories.
- Place posters and signage (e.g., hand hygiene, respiratory etiquette) at entrance doors, in reception, common areas, and in exam rooms.
- Ensure ABHR with at least 70% alcohol, medical masks, tissues, no-touch waste receptacles and disinfectant wipes are available at multiple locations (e.g. office entrance, reception counter, waiting room, at point-of-care and by every exam room for use before entering and upon exit.)
- Where ABHR cannot be mounted or easily accessible due to patient safety concerns, provide HCW with personal size containers of ABHR with at least 70% alcohol.
- Provide disposable tissues and no-touch waste bins in the waiting area and exam rooms to facilitate respiratory hygiene.
- Provide plain soap and paper towels in washrooms and at staff sinks.
- Establish designated entrance points for all persons entering the clinic or facility to ensure all HCWs, staff, contractors, visitors, and others self-screen for symptoms of VRI.
- If possible, schedule patients with symptoms associated with VRI during designated time slots.
- If possible, designate one exam room for all patients with symptoms associated with VRI as close to the entrance as possible to minimize patient movement within the clinic.
- In consultation with IPC and WHS, maintain existing physical barrier(s) where initial screening or triaging for infectious diseases occurs (e.g., at triage/reception stations).
- In consultation with IPC, have mechanisms to physically or spatially separate infectious patients from other patients in waiting or treatment areas.
- In consultation with IPC and WHS, maintain existing physical barrier(s) where initial screening or triaging for infectious diseases occurs (e.g., at triage/reception stations).
- Ensure all staff are informed on current cleaning and disinfection guidelines, including approved cleaning and disinfection products.
- Ensure PPE, cleaning and disinfection supplies, and hand hygiene products are readily available.
- Display PPE [donning](#) and [doffing](#) instructions in locations available to all HCWs.

#### Symptom Screening

- Encourage HCWs, staff, contractors, visitors, and others to self-screen for VRI symptoms and not come to work or visit if experiencing acute respiratory or gastrointestinal symptoms.
- Have processes in place to monitor patients for VRI signs and symptoms and place them on additional precautions as needed.
- [Post signage](#) at building entry points and common areas to support self-screening process.

Continued....

## Provincial IPC Preparedness Checklist for VRI in Primary Care and Community Clinic

### Health Care Worker Measures

Institutions and organizations are responsible to:

- Develop a contingency plan for HCW illness and shortages.
- Educate all HCWs about self-screening and monitoring and identifying VRI signs and symptoms and staying away from work and others when sick.
- Provide [HCW IPC education](#) (e.g., [hand hygiene](#), [PCRA](#), PPE [donning](#) and [doffing](#), [additional precautions](#)).
- Ensure PPE, hand hygiene, and cleaning and disinfection supplies are readily available for HCWs.
- Ensure PPE [donning](#) and [doffing](#) instructions are readily available for HCWs.
- Where respirators (e.g., N95 respirator or equivalent) are worn or anticipated to be required based on a point-of-care risk assessment (PCRA), provide fit-testing to ensure appropriate size and style of a respirator is selected and worn.
- Monitor and safely secure PPE stock to prevent theft and loss, while still ensuring HCWs can access PPE when needed.
- Assess HCW hand hygiene and PPE compliance (e.g., [PPE Audit Tool](#)).
- Ensure there is a process for reporting health and safety concerns.

Health care workers are responsible to:

- Follow institutional IPC policies and procedures including conducting a [PCRA](#) prior to any interaction with a patient or visitor.
- Ensure immunizations are up to date; and adhere to the current applicable Public Health Orders, regulations and institutional policies.
- Self-screen and monitor for signs and symptoms of illness.
- If clinical illness and symptoms develop, stay home from work and others; and inform their supervisor.
- Inform their supervisor when exposure incidents have occurred (e.g., PPE breach).

### Environmental Measures

- Have cleaning and hospital-grade disinfectant supplies (e.g., disinfectant wipes) readily available in appropriate locations to facilitate environmental and equipment cleaning and disinfection.
- Maintain a minimum two-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies and medical masks, if possible.
- Ensure there is assigned responsibility and availability of procedures for cleaning and disinfection.
- Provide guidance for [environmental cleaning and disinfection](#) as needed.
- Remove difficult to clean items (e.g., plush toys) from the waiting area.
- Provide paper sheeting for exam tables and change between patients.
- Empty exam rooms of all but the bare minimum of equipment (e.g., exam table, chair, blood pressure cuff, lights).
- Ensure shared reusable medical equipment (e.g., stethoscopes, blood pressure cuffs, etc.) are cleaned and disinfected in between patients and at the end of each shift.
- Ensure exam rooms are cleaned and disinfected at least once a day (e.g., chairs, tables, floors).
- Ensure frequently touched surfaces are cleaned and disinfected at least twice a day (e.g., workstations, cell phones, doorknobs).

Continued...

### Provincial IPC Preparedness Checklist for VRI in Primary Care and Community Clinic

- Cleaning cloths should be changed frequently. Do not re-dip soiled or used cloths into cleaning and/or disinfectant solutions.
- Ensure there are processes and procedures for separating used or dirty equipment from clean equipment.
- Store clean equipment and supplies in a clean room/drawer/cupboard and physically separated from used or dirty equipment to protect from moisture, contamination, and damage.
- Replace fabric-covered furnishings with ones that are easy-to-clean, intact smooth, and tolerant of hospital-grade disinfection, where possible.
- If privacy curtains are used in the clinic or facility, remove, and launder them when visibly soiled, when a patient on additional precautions leaves, and at least quarterly (four times per year).
- Heating, ventilation, and air conditioning (HVAC) systems should be properly installed, regularly inspected, and maintained according to HVAC standards and other building code requirements. Refer to the [indoor ventilation resources](#).

## Appendix C: Common Viral Respiratory Illness Pathogens

Viral Organism	Epidemiology	Incubation period	Symptoms and symptom duration	Period of communicability*
Adenovirus <sup>1</sup>	Usually fall and winter Causes infection in all ages	Range 1-10 days	Conjunctivitis, sore throat, croup, fever, and other respiratory symptoms	Shortly before symptom onset and until symptoms cease. Symptoms may be prolonged in immune-compromised people
COVID-19 <sup>25-27</sup>	Epidemiology is evolving at the time of writing.	2-14 days	Cough and fever, loss of smell or taste, sore throat, fatigue, headache	Generally, 48hrs before symptom onset to 10 days after (for acute care settings). Communicable period may be longer than 10 days in immune compromised patients or patients with severe/critical COVID-19 illness.
Influenza A <sup>20,28-30</sup>	Typically November to April Causes mild to severe symptoms Causes infection in all age groups with highest incidence in children; highest mortality in elderly and those with comorbidity Can infect animals and humans	1-4 days	Fever*, cough (often severe and may last longer than other symptoms), headache, muscle/joint pain, sore throat, prostration and exhaustion. Gastro-intestinal symptoms may occur in children. Duration: 2-7 days	1 day before symptoms onset and up to 5-7 days after clinical onset in adults; Young children and people with immune-compromise may be >7days  People with asymptomatic infections may also be infectious
Influenza B <sup>20</sup>	Historically November-April Causes milder infection Mostly affects children	1-4 days	Cough, fatigue, fever—though everyone does not have a fever—or chills, gastrointestinal symptoms like vomiting and diarrhea—which are more common in children, headaches, muscle or body aches, runny nose, sore throat. Duration: 3-7 days, although cough and malaise can persist > 2 weeks.	1 day before symptoms onset and up to 5-7 days after clinical onset in adults; People with asymptomatic infections may also be contagious
Parainfluenza virus <sup>31</sup>	Entire year (little seasonal pattern) Predominantly causes infection & outbreaks in young children and the elderly.	2-6 days	Fever, cough, bronchiolitis, bronchitis, pneumonia Croup. Duration 1-3 weeks.	The exact period of communicability is not known; however, viral shedding can happen for about 3-10 days during initial infection.
Respiratory Syncytial virus (RSV) <sup>1</sup>	Usually seasonal: winter and early spring Predominantly causes infection & outbreaks in young children and the elderly	2-8 days	Fever, cough, wheezing Bronchiolitis in children Pneumonia in adults	Shortly before clinical onset and duration of active disease. Viral shedding may persist for several weeks or longer after symptoms have subsided, especially in children.
Common respiratory viruses such as: <sup>1</sup> -Rhinovirus -Coronavirus -Metapneumovirus -Echovirus -Coxsackievirus -other enteroviruses.	Throughout the year with peaks in the spring and fall	Usually 2-3 days, but may be longer	'Common cold' type illness: Sneezing, runny nose, cough, sore throat, sinus congestion malaise, headache, myalgia and/or low-grade fever	Viral shedding usually most abundant during the first 2-3 days of clinical illness. Shedding usually ceases by 7-10 days, but may continue for up to 3 weeks in young children

\* In general, communicability is greatest in pre-symptomatic and early symptomatic stage of illness.

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