

# INFECTION PREVENTION AND CONTROL

## PROVINCIAL GUIDELINES

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

Updated: October 20, 2023

*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 28, 2022).*



## Purpose

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This guidance supports organizational and individual health-care workers (HCWs) decision-making 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), for example, 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.

For the purpose of this guideline, HCWs are defined as 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.

## Scope

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***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.

It is important to note that some illnesses, such as Legionella, tuberculosis (TB) and emerging pathogens with unknown characteristics, require additional management and control measures. These illnesses are not within the scope of these guidelines. 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<sup>1</sup>](#), or the [Public Health Agency of Canada<sup>2</sup>](#), 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 [Public Health Agency of Canada's Avian influenza A \(H5N1\): for health professionals](#).

## Immunization

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All HCWs and staff must follow immunization-related requirements in accordance with current [orders](#) from the Provincial Health Officer (PHO) and policies from their employer.

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

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- 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 instance, 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 feeling 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. See [Appendix A](#) for a list of immunocompromising conditions.
- All health care settings must establish a clear expectation that HCWs are not to come into work when sick. This expectation should be supported with appropriate attendance management policies. Attendance management policies should reinforce HCWs fulfilling this responsibility.<sup>4</sup>

## Additional Considerations

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- Following illness with a VRI, a residual dry cough may persist for several weeks. 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.

## Earlier Return to Work

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- **In general, returning to work earlier than recommended (i.e., while a 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/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/delegate and WHS, if available.
  - The risk assessment should consider the benefits of return to work versus any possible risk of transmission.
  - Early return to work approval should outline the 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 return 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,
- The 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.

## Management of HCWs with Exposures

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- Ensure that all HCWs have sound knowledge of precautions and PPE requirements, including how to put on and take off PPE correctly to avoid exposure.
- Exposed HCWs who provided care without the use of appropriate PPE, should 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](#) 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 the appearance of new or worsening symptoms consistent with VRI. Refer to the [Provincial HCW Self-Check and Safety Checklist](#).
- If VRI symptoms occur, isolate self from others, particularly within the home or co-living setting, as quickly as possible; put on a medical mask when around others.
- If symptoms develop at work, put on a medical mask, perform hand hygiene, contact immediate supervisor to arrange safe transfer of care or responsibilities, and go home.

## Return to Work Precautions for HCWs with Symptoms

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- 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.
  - 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, not have contact with severely immunocompromised patients and those who are at risk of developing more severe disease 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 [Provincial HCW Self-Check and Safety Checklist](#).
- If symptoms re-appear or worsen during work, inform a supervisor to arrange for a replacement, safely transfer essential care as soon as possible, and go home directly.

## References

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1. BCCDC. Communicable Disease Control Manual Chapter 4: Tuberculosis APPENDIX B: INFECTION PREVENTION AND CONTROL. Published online 2019. <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. Published February 17, 2014. Accessed July 15, 2022. <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition.html>.
3. Johns G. Presenteeism in the workplace: A review and research agenda. *J Organ Behav.* 2010;31(4):519-542. doi:10.1002/JOB.630.
4. Munir F, Yarker J, Haslam C. Sickness absence management: Encouraging attendance or “risk-taking” presenteeism in employees with chronic illness? *Disabil Rehabil.* 2008;30(19):1461-1472. doi:10.1080/09638280701637380.

## Appendix A – Immunocompromising Conditions<sup>1</sup>

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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/mm<sup>3</sup> (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.

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<sup>1</sup> 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](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_DiscAddPrecautionsAcuteCare_Guidance.pdf)