



MINISTRY OF HEALTH
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Healthy Authority Chief Executive Officers;
Provincial Coronavirus Coordination Committee;
COVID-19 Infection Prevention & Control/Workplace
Health Task Group.

TRANSMITTAL DATE: February 11, 2020

COMMUNIQUÉ 2020-01
NUMBER:


CLIFF NUMBER: 1154854


SUBJECT: Infection Prevention and Control for Novel Coronavirus
(COVID-19).

DETAILS: This document outlines Ministry of Health requirements for
preventing and controlling novel coronavirus in health
authorities.

EFFECTIVE DATE: February 11, 2020

MINISTRY CONTACT: Brian Sagar, A/Senior Director, Communicable Disease
Population and Public Health



Stephen Brown
Deputy Minister
Ministry of Health

Dr. Bonnie Henry
Provincial Health Officer
Office of the Provincial Health Officer

Ministry of Health Policy

Infection Prevention and Control for Novel Coronavirus (COVID-19)

Policy Objective

- This policy protects patients, clinicians, health care workers and the public by outlining provincial expectations for the implementation of infection prevention and control practices to prevent and control novel coronavirus in health authority facilities, programs and services.

Definitions:

- **Shall:** A mandatory requirement based on Ministry of Health directive.
- **Should:** A recommended best practice for implementation at the discretion of health authorities.

Policy:

- Effective immediately, health authorities shall implement infection prevention and control guidance for novel coronavirus, as published by the Public Health Agency of Canada (PHAC).

PHAC's guidance materials for novel coronavirus are available online at:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>.

- Effective immediately, health authorities shall implement all supplemental infection prevention and control guidance and resource materials for novel coronavirus, as endorsed by the Provincial Coronavirus Coordination Committee.

All supplemental infection prevention and control guidance and resource materials within the scope of this policy are available online at:

<http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-%28novel%29>.

- Please refer to Appendix A for a current listing of all COVID-19 guidance, supplemental guidance and resource materials within the scope of this policy.
- Effective immediately, health authorities shall work collaboratively to actively manage inventories of respirators (e.g., N95s) and other personal protective equipment to ensure high risk areas have adequate and appropriate supplies.

Appendix A

COVID-19 Guidance, Supplemental Guidance and Resource Materials for Implementation

- These tables will be updated and expanded as new infection prevention and control materials and resources are approved for implementation in BC.

COVID-19 Guidance

Available from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>.

Date Issued	Document Title	Current Document Version
February 11, 2020	Infection Prevention and Control for Novel Coronavirus (2019-nCoV): Interim Guidance for Acute Healthcare Settings.	See PHAC's website for the current document version.

Supplemental Guidance

Available from <http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-%28novel%29>.

Date Issued	Document Title	Current Document Version
February 11, 2020	2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings.	2019NCOV_AGMP_V2_February 7 2020

Resource Materials

Available from <http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-%28novel%29>.

Date Issued	Document Title	Current Document Version
February 11, 2020	Coronavirus Facility Information Poster.	2019NCOV_POSTER_001



STOP

2019 Novel Coronavirus (COVID-19)



Do you have a **FEVER**,
or **NEW COUGH** or
DIFFICULTY BREATHING?

AND



Have you or someone
you know, travelled to
China in the last 2 weeks?

**IF
YES**



Clean your hands



Put on a mask



Report to
reception or a
health care provider

2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings

This document provides details about Aerosol Generating Medical Procedures (AGMPs) specifically with regard to patients under investigation (PUI) for 2019 Novel Coronavirus (2019-nCoV). The Public Health Agency of Canada has recommended that, in addition to routine precautions, healthcare workers (HCWs) follow droplet and contact precautions when caring for patients meeting clinical and exposure criteria for 2019-nCoV, unless performing an AGMP.

Patients with signs, symptoms and exposure criteria consistent with 2019-nCoV should be cared for under droplet and contact precautions, unless an AGMP is required.

AGMPs that generate small droplet nuclei in high concentration present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route (e.g., coronavirus, influenza). When performing AGMPs for a PUI including for the purpose of specimen collection, it is recommended to observe the following:

- Place patient in an AIIR (airborne infection isolation room) if possible, or in a single room that minimizes exposure to healthcare workers and other patients;
- Limit the number of HCWs to only those required for the procedure;
- Ensure HCWs performing or assisting with AGMP wear appropriate personal protective equipment (PPE): gown, gloves, a fit tested N95 respirator and eye protection (i.e. face shield);
- Observe appropriate hand hygiene, donning and doffing procedures.

AGMPs Requiring Respiratory Protection for 2019-nCoV Patients Under Investigation

Autopsies involving respiratory tissues
CPR with Bag valve mask ventilation
Bronchoscopy and bronchoalveolar lavage
Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
Intubation and extubation procedures
Nasopharyngeal aspirates, washes, and scoping*
Nebulized therapy
Open airway suctioning
Sputum Induction

* Nasopharyngeal (NP) and throat swabs can be performed using contact and droplet precautions with procedural mask and eye protection, and do not require the use of an N95 respirator. See [here](#) for more details.

IMPORTANT: this list is not exhaustive and includes common types of AGMPs. For scenarios not described, please contact your local Infection Prevention and Control team and/or the Medical Health Officer.

References:

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
https://www.picnet.ca/wp-content/uploads/Respiratory-Infection-Outbreak-Guidelines-for-Healthcare-Facilities_November-2018.pdf



MINISTRY OF HEALTH
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Health Authority Chief Executive Officers;
COVID-19 Provincial Coordinating Committee;
COVID-19 Infection Prevention & Control and Workplace
Health Task Group

TRANSMITTAL DATE: March 12, 2020

COMMUNIQUÉ
NUMBER: 2020-02

CLIFF NUMBER: 1157311

SUBJECT: Fit Testing for N95 Respirators

DETAILS: This document outlines Ministry of Health requirements for
health authority fit testing for N95 respirators.

EFFECTIVE DATE: March 6, 2020

MINISTRY CONTACT: Brian Sagar, A/Senior Director, Communicable Disease
Population and Public Health

Stephen Brown
Deputy Minister
Ministry of Health

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer
Office of the Provincial Health Officer

Fit Testing for N95 Respirators

Due to the current novel coronavirus (COVID-19) outbreak, health authorities are facing challenges in maintaining an adequate supply of N95 respirators. There is a need to ensure that workers who require respirators – specifically those who perform tasks with patients undergoing aerosol generating activities – continue to have respirators available.

Policy Objective:

- This policy protects patients, clinicians, health care workers, and the public by outlining provincial direction for the management of N95 respirators in health authority facilities, programs, and services.

Definitions:

- **Shall:** A mandatory requirement based on Ministry of Health directive.
- **Should:** A recommended best practice for implementation at the discretion of health authorities.

Policy:

- Effective immediately, health authorities facing an imminent shortage of N95 respirators shall allow workers who have had their respirator fit test within the previous 2 years to continue to use respirators without additional testing.
- Effective immediately, health authorities facing an imminent shortage of N95 respirators shall ensure these same workers perform a fit check or seal check prior to the use of the respirator, and where that check reveals an issue with the seal, a full fit test will be performed.
- Effective immediately, health authorities not facing an imminent shortage of N95 respirators shall perform annual fit tests as required by section 8.40(2.1) of the *Occupational Health and Safety Regulation*.
- As per Policy Communique #2020-01, health authorities shall work collaboratively to actively manage inventories of respirators and other personal protective equipment to ensure high risk areas have adequate and appropriate supplies; this means health authorities should not order excessive amounts of personal protective equipment from the Provincial Health Services Authority Supply Chain as a response to COVID-19.
- Please refer to Appendix A for a listing of COVID-19 guidance, supplemental guidance, and resource materials within the scope of this policy.

Appendix A

COVID-19 Guidance, Supplemental Guidance, and Resource Materials for Implementation

COVID-19 Guidance

Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html>

Supplemental Guidance

2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings

http://www.bccdc.ca/Health-Professionals-Site/Documents/2019-nCoV_AGMP_PICNet.pdf

PICNet guidance on personal protective equipment (PPE) for nasopharyngeal and throat swabs

http://www.bccdc.ca/Health-Professionals-Site/Documents/PICNet_2019_nCoV_guidance.pdf

Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients (appended)



Office of the
Provincial Health Officer



BC Centre for Disease Control
Provincial Health Services Authority

Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients

Provincial 2019 Novel Coronavirus (COVID-19) Response
March 6, 2020



INTRODUCTION

An outbreak of a novel coronavirus (COVID-19) began in Wuhan, China in December 2019 and since then has become widespread in the Hubei province of China with cases being reported throughout mainland China and many other countries.

To date, all evidence from China and other countries indicate that transmission of this virus is via droplet and contact mode. This is consistent with other coronaviruses that are circulating. The World Health Organization, Public Health Agency of Canada and other expert groups have recommended the use of Droplet and Contact Precautions when caring for individuals with this illness.

In addition to Routine Practices, all individuals including family members, visitors and all health care workers (HCWs) are required to use contact and droplet precautions before entering the room where a suspected or confirmed COVID-19 patient has been admitted. The personal protective equipment (PPE) for this level of precautions includes: gloves, gown, surgical mask and eye protection. For some aerosol generating medical procedures (AGMP) an N95 respirator and face shield/goggles are required and it is recommended to perform AGMPs in a negative pressure setting if possible.

The exception to this recommendation is for paramedics with BC Ambulance. Prehospital care is delivered in a variety of locations and under a variety of situations (e.g., in the street, in the home, in the ambulance, etc.). Some locations may be unsanitary, uncontrolled and/or within cramped environments, urgent interventions such as intubation may be required and not amenable to risk assessment and/or application of PPE. As a result, paramedics utilize PPE differently than HCWs in the acute care setting. **In British Columbia (BC), paramedics carry only N95 respirators and eye protection and not surgical masks for their PPE. This has been mandated by WorkSafe BC.**

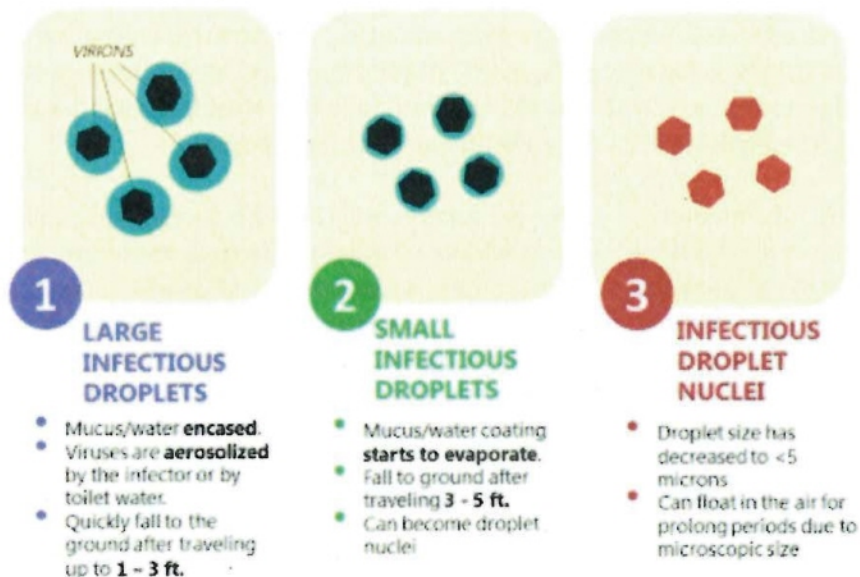
The purpose of this document is to outline and explain the rationale for the respiratory protection chosen for HCWs to wear.

THE DIFFERENCE BETWEEN DROPLET AND AIRBORNE TRANSMISSION

Humans produce droplets in various ways (e.g. sneezing, coughing, singing) and these droplets vary in size. Large droplets ($> 5 \mu\text{m}$) comprise most of the volume of expelled respiratory droplets and they tend to fall rapidly to the ground. Droplets smaller than $5 \mu\text{m}$ are referred to as droplet nuclei and may remain suspended in the air for significant periods of time and move with air currents. Respiratory viruses, including COVID-19 viruses are usually transported in large particle droplets. As enveloped viruses, they are usually not viable in small droplet-nuclei.

Diagram 1: Droplet vs Droplet nuclei

Stages Of Infectious Droplets And Droplet Nuclei



Droplet transmission occurs when bacteria or viruses travel on relatively large respiratory **droplets** that people sneeze, cough, or exhale. They travel only short distances (usually less than 2 meters) before settling. These **droplets** may be loaded with infectious particles and can infect another person if the bacteria/viruses contact their eyes, nose or mouth. They may also fall on surfaces and then be transferred onto someone's hand who then rubs their eyes, nose or mouth.

Airborne transmission occurs when bacteria or viruses travel in droplet nuclei that become aerosolized. Healthy people can inhale the infectious droplet nuclei into their lungs.

Recent systematic reviews of over 70 studies have concluded that in the clinical environment there is no compelling evidence that N95 respirators were superior to surgical masks with eye protection for protecting HCWs against droplet borne respiratory infections.

For these reasons and consistent to recommendations from the Public Health Agency of Canada and World Health Organization, health care workers are recommended to wear a surgical/procedure mask with eye protection (face shield or goggles) when providing care for a person suspected or confirmed with COVID-19.

AEROSOL GENERATING MEDICAL PROCEDURES (AGMP)

AGMPs that generate small droplet nuclei in high concentration present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route (e.g., coronavirus, influenza). When performing AGMPs for a person under investigation (PUI) including for the purpose of specimen collection, it is recommended to observe the following:

- Place patient in an negative pressure if possible, or in a single room that minimizes exposure to HCWs and other patients;
- Limit the number of HCWs to only those required for the procedure;
- Ensure HCWs performing or assisting with AGMP wear appropriate PPE: gown, gloves, a fit tested N95 respirator and eye protection (i.e. face shield/goggles);
- Observe appropriate hand hygiene, donning and doffing procedures.

Table 1: AGMPs Requiring N95 Respirators for COVID-2019 Patients Under Investigation

Autopsies involving respiratory tissues
CPR with Bag valve mask ventilation
Bronchoscopy and bronchoalveolar lavage
Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
Intubation and extubation procedures
Nasopharyngeal aspirates, washes, and scoping*
Nebulized therapy
Open airway suctioning
Sputum Induction

* Nasopharyngeal (NP) and throat swabs can be performed using contact and droplet precautions with procedural mask and eye protection, and do not require the use of an N95 respirator.

IMPORTANT: This list is not exhaustive and includes common types of AGMPs. For scenarios not described, please contact your local Infection Prevention and Control team and/or the Medical Health Officer.

USE OF A POWERED AIR-PURIFYING RESPIRATOR (PAPR)

Current knowledge about the transmission dynamics of COVID-19 does not indicate the need for PAPR use. There may be unique individual circumstances (e.g., facial structure, unable to be successfully fit tested for an N-95 respirator) that potentially interfere with correct surgical mask or N95 respirator use. In these cases, consult your health authority Workplace Health and Safety, Medical Microbiology and Infection Prevention and Control personnel. In some health care workers roles such as BC Ambulance/BCEHS paramedics, where transport times may be very long and occur in a small closed space PAPR use may be warranted.

KEY REMINDERS FOR HEALTH CARE WORKERS

When providing care for patients under investigation for COVID-19:

- Place patients with acute respiratory illness/pneumonia on appropriate additional precautions:
 - Place the patient in a single-occupancy room
 - Provide the patient with a surgical mask and ask them to perform hand hygiene
 - Place the patient under droplet and contact precautions in addition to routine practices
 - Ensure the **correct use of a surgical mask and eye protection** (i.e. goggles or face shield), gloves and gown while providing patient care and during specimen collection
 - **Please note that safety glasses do not offer adequate protection from microbes. Face shields or goggles offer splash resistance to protect workers from blood and body fluid sprays and splashes.**
 - Use an N95 respirator and eye protection (i.e. goggles or face shield), gloves and gown for procedures that are aerosol generating
- Practice fastidious hand hygiene.
- Practice cough etiquette; cover nose and mouth during coughing or sneezing with a tissue or your elbow and dispose of tissue appropriately.
- Instruct and assist patients to practice cough etiquette
- Use extreme care when doffing/removing PPE and always clean hands when finished.

REFERENCES

1. World Health Organization. (2020, January 25). Infection Prevention and Control During Health Care When Novel Coronavirus (COVID) Infection is Suspected. Retrieved from [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
 2. Public Health Agency of Canada. (2020, February 4). Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Acute Healthcare Settings. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>
 3. Smith, J., MacDougall, C., Johnstone, J. et al. (2016). *Effectiveness of N95 respirators versus surgical masks in protecting health care workers from acute respiratory infection: a systematic review and meta-analysis*. CMAJ, May 17, 2016, 188(8).
 4. Jefferson, T., Del Mar, C. B., Dooley, L., Ferroni, E., Al-Ansary, L. A., Bawazeer, G. A., ... & Conly, J. M. (2011). Physical interventions to interrupt or reduce the spread of respiratory viruses. *Cochrane database of systematic reviews*, (7).
 5. BC Provincial Infection Control Network. (2018). Respiratory Infection Outbreak Guidelines for Health care Facilities. Retrieved from https://www.picnet.ca/wp-content/uploads/Respiratory-Infection-Outbreak-Guidelines-for-Healthcare-Facilities_November-2018.pdf
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MINISTRY OF HEALTH
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Healthy Authority CEOs

TRANSMITTAL DATE: March 20, 2020

COMMUNIQUÉ 2020-01
NUMBER:

CLIFF NUMBER: 1157713

SUBJECT: Infection Prevention and Control for Novel Coronavirus (COVID-19)

DETAILS: This document replaces the February 11, 2020 version of Communique 2020-01, as well as Communique 2020-02 (Fit Testing for N95 Respirators). Both former policies are rescinded and replaced by this amalgamated and updated policy.

This document outlines Ministry of Health requirements for preventing and controlling novel coronavirus in health authorities.

Key additions include:

- Family and visitor policy for all health care facilities;
- Additional measures to mitigate the demand for N95 respirators and other critical PPE.

EFFECTIVE DATE: March 20, 2020

MINISTRY CONTACT: Brian Sagar, Senior Director, Communicable Disease, Population and Public Health

Stephen Brown
Deputy Minister
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Provincial Health Officer
Office of the Provincial Health Officer

Ministry of Health Policy

Infection Prevention and Control for Novel Coronavirus (COVID-19)

POLICY OBJECTIVE

- This policy protects patients, clinicians, health care workers and the public by outlining provincial expectations for the implementation of infection prevention and control practices to prevent and control novel coronavirus in all health authority facilities, programs and services.

DEFINITIONS:

- **Shall:** A mandatory requirement based on Ministry of Health directive.
- **Should:** A recommended best practice for implementation at the discretion of health authorities.

POLICY:

INFECTION PREVENTION & CONTROL GUIDANCE

- Effective immediately, health authorities shall implement infection prevention and control guidance for novel coronavirus in **acute care settings**, as published by the Public Health Agency of Canada (PHAC).

PHAC's guidance materials for novel coronavirus in acute care settings are available at:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>.

- Effective immediately, health authorities shall implement infection prevention and control guidance for novel coronavirus in **Long Term Care settings**, as published by the BC Centre for Disease Control.

BC's guidance materials for novel coronavirus in Long Term Care settings are available at:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/long-term-care-facilities-assisted-living>

- Effective immediately, health authorities shall implement all supplemental infection prevention and control guidance and resource materials for novel coronavirus endorsed by the BC Ministry of Health.

All supplemental infection prevention and control guidance and resource materials within the scope of this policy are available online at:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

Please refer to Appendix A for a current list of all COVID-19 infection prevention and control guidance and resource materials within the scope of this policy.

Family and Visitor Policy

- Effective immediately, health authorities shall restrict visitors to essential visits only.
- Essential visits include, but are not limited to:
 - Visits for compassionate care (e.g., end of life and critical illness);
 - Visits considered paramount to patient/client care and well being, such as assistance with feeding or mobility; and
 - Existing registered volunteers providing services as described above only.

Surgical/Procedural Masks

- Surgical/procedure masks are effective at capturing droplets, the main transmission route of COVID-19. For this reason, surgical/procedural masks provide adequate protection for health care workers caring for COVID-19 patients.
- Surgical/Procedural masks must be used in combination with eye protection, frequent hand-cleaning with soap and water or alcohol-based hand rub, gloves and a gown.
- An N95 respirator is only required when performing aerosol-generating medical procedures (AGMPs) on a person under investigation for or diagnosed with COVID-19.

Fit Testing for N95 Respirators:

- Health authorities facing an imminent shortage of N95 respirators shall allow workers who have had their respirator fit test within the previous 2 years continue to use respirators without additional testing.
- Health authorities facing an imminent shortage of N95 respirators shall ensure these same workers perform a fit check or seal check prior to the use of the respirator, and where that check reveals an issue with the seal, a full fit test will be performed.
- Health authorities not facing an imminent shortage of N95 respirators shall perform annual fit tests as required by section 8.40(2.1) of the Occupational Health and Safety Regulation.

Additional Measures to Mitigate the Demand for N95 Respirators:

- Effective immediately, health authorities shall implement the following additional strategies to mitigate the demand for N95 respirators:
 - Health authorities shall work collaboratively to actively manage inventories of respirators to ensure high risk areas have adequate and appropriate supplies.
 - Health authorities shall expand N95 oversight activities to include a formal approval process for N95 respirator distribution, as informed by an organizational review of current usage levels for those items across work units.
 - Health authorities shall implement appropriate, alternative respirators in high use departments. This includes adopting alternative N95s, reusable respirators and Powered Air-Purifying Respirators (PAPRs).
 - Health authorities shall not issue N95 respirators to health care workers unless those individuals are directly involved in patient care or related work that requires an N95.
- **Note:** Current PHAC guidance for COVID-19 does not require use of an N95 respirator, unless an aerosol generating medical procedure (AGMP) is being performed.

- Health authorities shall reduce face-to-face health care worker encounters with patients where an N95 respirator is required. This includes, but is not limited to, bundling activities and using video monitoring.
- To reduce overall demand for new respirator Fit Testing, health authorities shall assign health care workers with a current/valid Fit Tested N95 respirator to care for patients where an N95 is required.
- Health authorities shall cohort health care workers by identifying and assigning designated teams of health care workers to provide care for patients with suspected or confirmed COVID-19.
- Health authorities shall permit limited, extended use of N95s whereby a single N95 respirator can be worn for repeated, close contact encounters with multiple patients, without removing the respirator.
- Health authorities shall permit limited, extended use of N95 respirators beyond the manufacturer's stated expiry date.
- Health authorities shall immediately cease all non-essential education and training activities requiring respirators.
- Health authorities shall strictly limit the number of clinicians and staff allowed into a room for procedures required for care.
- Health authorities shall implement controlled access of non-essential individuals to all facilities.

Additional Measures to Mitigate the Demand for PPE:

- Effective immediately, health authorities shall implement the following additional strategies to mitigate the demand for PPE:
 - Health authorities shall work collaboratively to actively manage inventories of PPE to ensure high risk areas have adequate and appropriate supplies;
 - Health authorities shall expand PPE oversight activities to include a formal, centralized approval process for PPE distribution, as informed by an organizational review of current usage levels for those items across work units.
 - Health authorities shall designate a central, managed location within each facility from which PPE supplies will be stored for distribution to approved departments.
 - Health authorities shall implement a process to require justification for the amount of PPE inventory needed, for each request.
 - Health authorities shall implement a process for identifying high risk units and delivering PPE to those units on a priority basis.
 - Health authorities shall not order excessive amounts of personal protective equipment from the Provincial Health Services Authority Supply Chain as a response to COVID-19.

Appendix A

COVID-19 Guidance and Resource Materials for Implementation

These tables will be updated and expanded as new infection prevention and control materials and resources are approved for implementation in BC.

COVID-19 INFECTION PREVENTION CONTROL GUIDANCE

Setting	Document Title	Current Document Version
Acute Care	Infection Prevention and Control for Coronavirus Disease (2019-nCoV): Interim Guidance for Acute Healthcare Settings	https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html
Long Term Care	Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim guidance for Long-Term Care and Assisted Living Facilities	http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf
All Settings	Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings	https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html
All Settings	Respiratory Protection for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients* *Includes Aerosol Generating Medical Procedures (AGMP) list for COVID-19.	http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf
Primary Care	COVID-19 Patient Identification and Assessment for Primary Care with Medical Doctor/Nurse Practitioner	http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_Flowchart.pdf
Primary Care	Cleaning and Disinfecting Physician Offices	http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf

Resource Materials

Document Title	Current Document Version
COVID-19 Signage for Entrance of Health Care Settings English & Translated Versions	http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters
Hand Hygiene Poster	http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf
Donning and Doffing Personal Protective Equipment (PPE) Posters	Donning: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf
	Doffing: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf
Cleaning and Disinfecting Clinical Spaces/ Environmental Cleaning and Disinfectants for Physicians' Offices	http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-19_MOH_BCCDC_EnvironmentalCleaning.pdf