

## Expert Panel Recommendations for Canada's Borders

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Sent: June 4, 2021 3:17:33 PM PDT  
Attachments: Borders Report EN.pdf

Good afternoon,

As discussed at this week's EDC3 meeting, please find attached the report on the Expert Panel's recommendations on testing and quarantine at Canada's borders, with highlights pasted below.

Thank you,  
Stefanie

### Highlights of COVID-19 Testing and Screening Expert Advisory Panel on Testing and Quarantine at Canada's Borders

- The COVID-19 Testing and Screening Expert Advisory Panel provides evidence-informed advice to the federal government on science and policy related to existing and innovative approaches to testing and screening.
- On May 27, 2021, the Panel shared a report on recommendations for land and air border measures.
- On May 28, 2021 Health Minister Patty Hajdu noted that provinces will be consulted prior to acting on the new report. <https://www.cbc.ca/news/politics/quarantine-hotel-hajdu-1.6042490>
- The report assumes the current federal recommendations against non-essential travel will remain in force, and emphasizes Canadians to follow public health requirements (e.g., physical distancing and masks).
- Primary recommendations:
  - Continue to screen international travellers for positive cases of Variants of Concern (VOC) and ensure reporting of results immediately.
  - Testing requirements should not vary by country.
  - PCR testing on arrival for those continuing on domestic flights or other transport. No arrival testing for those transiting to an international flight.

- Discontinue quarantine in government-authorized hotels; however, travellers subject to quarantine must provide and adhere to a suitable quarantine plan, if not they should be required to adhere to an alternative one (e.g., designated quarantine facility).
- Continue use of the ArriveCan App.
- Have a system in place to validate proof of vaccination.
- Recommendations for travelers based on vaccination status:
  - Un-vaccinated non-exempt travellers:
    - PCR tests 72 hours prior to departure or authorized rapid antigen 24 hours prior to departure.
    - PCR test on arrival at border station or quarantine location (for land border crossing, a home-sampling kit may be used).
    - PCR test at day 7. Negative may discontinue quarantine at approved quarantine location (home or facility).
  - Partially vaccinated (1<sup>st</sup> dose of vaccine only)
    - Government of Canada acceptable proof of authorized vaccination.
    - PCR test 72 hours prior to departure or authorized rapid antigen test 24 hours prior to departure
    - PCR test on arrival at border station or quarantine location (for land border crossing, a home-sampling kit may be used)
    - Negative PCR test on arrival permitted to leave home quarantine.
    - No day 7 test.
  - Fully vaccinated non-exempt travellers (14 days since final dose)
    - Government of Canada acceptable proof of authorized vaccination.
    - No pre-departure tests, day 7 test or quarantine.
    - PCR test on arrival at border station (for land border crossing, a home-sampling kit may be used) – for surveillance purposes.
  - Proof of previous resolved infection (less than 180 days before travel)
    - Government of Canada acceptable proof of infection within time period.
    - PCR test on arrival at border station or quarantine location (for land border crossing, a home-sampling kit may be used).
    - Negative PCR on arrival permitted to leave home quarantine.
    - No day 7 test.
  - Exempt workers (defined by Government of Canada)
    - Voluntary PCR or rapid testing completed away from border.

# Coronavirus disease (COVID-19)



## Priority strategies to optimize testing and quarantine at Canada's borders



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of Canada

Gouvernement  
du Canada

Canada

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## RE: DRAFT = MoH Policy / Mask Use in Health Care Facilities - Privileged & Confidential

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Cc: Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>  
Sent: July 27, 2021 3:59:59 PM PDT  
Attachments: 1204034 - PHO Letter re LTC and AL Masking Policy Change.pdf

Hi again,

Wanting to get this over the finish line as we have the IPC guidance and masking policy on the verge of release. s.13  
s.13; s.17

Looking towards the most effective (and shortest) way to the end here, I would propose to strip down the feedback below to provide MoH responses to guide HEABC to finalize and also request that their policy be reviewed with an eye to alignment with the letter shared today from the PHO.

Thoughts?

Meghan

---

**From:** Neilson, Karen HLTH:EX <Karen.Neilson@gov.bc.ca>

**Sent:** July 27, 2021 10:28 AM

**To:** Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>; Howatson, Evan HLTH:EX <Evan.Howatson@gov.bc.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Woodward, Elaine HLTH:EX <Elaine.Woodward@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>

**Subject:** RE: DRAFT = MoH Policy / Mask Use in Health Care Facilities - Privileged & Confidential

Respectfully to all -

s.13; s.17

Karen

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**From:** Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>

**Sent:** July 27, 2021 10:13 AM

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**Subject:** RE: DRAFT = MoH Policy / Mask Use in Health Care Facilities - Privileged & Confidential

My responses are below in light blue font. Brian S

---

**From:** Will, Meghan HLTH:EX <[Meghan.Will@gov.bc.ca](mailto:Meghan.Will@gov.bc.ca)>

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**To:** Howatson, Evan HLTH:EX <[Evan.Howatson@gov.bc.ca](mailto:Evan.Howatson@gov.bc.ca)>; Emerson, Brian P HLTH:EX <[Brian.Emerson@gov.bc.ca](mailto:Brian.Emerson@gov.bc.ca)>; Woodward, Elaine HLTH:EX <[Elaine.Woodward@gov.bc.ca](mailto:Elaine.Woodward@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>; Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>

**Cc:** Butler, Janice HLTH:EX <[Janice.Butler@gov.bc.ca](mailto:Janice.Butler@gov.bc.ca)>; Neilson, Karen HLTH:EX <[Karen.Neilson@gov.bc.ca](mailto:Karen.Neilson@gov.bc.ca)>

**Subject:** FW: DRAFT = MoH Policy / Mask Use in Health Care Facilities – Privileged & Confidential

**Importance:** High

Morning all,

I'll be honest, I'm a bit turned around in this response given some of what Matt outlines was not my understanding. I have provided our thoughts below in green and really need some help/guidance on a few that are beyond my knowledge base.

Look forward to your thoughts and if we need to meet to discuss please let me know,

Thanks,

Meghan

s.13; s.17

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s.13 ; s.17

\*Updating with zoom details below

Join Zoom Meeting  
s.15

Meeting ID: s.15; s.17  
Passcode:s.15; s.17  
One tap mobile  
s.15; s.17                      Canada  
   Canada

Dial by your location  
s.15; s.17                      Canada

Meeting ID:s.15; s.17  
Find your local number:s.15

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1204034

July 27, 2021

Michael McMillan  
President & CEO  
Health Employers Association of BC  
[Michael.McMillan@heabc.bc.ca](mailto:Michael.McMillan@heabc.bc.ca)

Dear Mr. McMillan,

This letter is to inform you about implementation of changes to the Ministry of Health mask policy for long-term care and seniors' assisted living that Minister Dix and I announced on July 8, 2021. I would also like to request that HEABC develop a standardized employer policy template, and provide direction to its members to ensure there is consistent and appropriate implementation of the guidance and mask use for staff, contractors and volunteers in these facilities. For reference see the ministry's [press release](#).

Cases, outbreaks and serious consequences of COVID-19 in these facilities have dramatically declined consequent to high vaccine uptake among staff and residents in these facilities, in concert with high uptake among the general population, and along with continued careful attention to infection prevention and control measures. Our ongoing vaccine effectiveness studies tell us that the vaccine program is working to protect those people who are living in these facilities.

The reduced risk has allowed us to make a number of changes to our policies for these facilities, including that visitors will no longer need to schedule or book in advance to visit loved ones and the limit on the number of visitors for each resident will be removed. Fully immunized visitors can visit with residents without a mask. Visitors will be asked to provide proof of full immunization when they arrive at a facility and will continue to need to wear a medical mask when they are in common areas, but they will no longer be required to wear a mask when they are in the room with their loved one. It is strongly recommended that all visitors be fully immunized for COVID-19. This means more than 14 days after receiving the second dose of vaccine. Those visitors who are not fully immunized or are not willing or able to produce their proof of immunization will be required to adhere to infection prevention and control (IPC) requirements and wear a medical mask for the duration of their visit, including when in direct contact with the person they are visiting.

.../2

Similar to the changes with respect to visitors, and while recognizing that the use of medical masks has proven to be an important and effective IPC measure to prevent COVID-19, we can allow more latitude for mask wearing for fully immunized staff. Concurrent with the change for visitors the Ministry of Health COVID-19 policy for staff will be changing to allow fully COVID-19 immunized workers at long term care and seniors' assisted living facilities to work without wearing a mask, if desired, once their immunization status has been confirmed, unless a mask is required for other disease or workplace hazards.

In addition, as I announced on July 8, it is my intention to issue an order in the near future to require that long-term care, seniors' assisted living and other facilities employers which provide residential support and care for frail, vulnerable individuals with complex care needs must provide information about all residents, staff, personal service providers and volunteers so that their immunization status can be determined. <sup>s.13</sup>

s.13

This will allow us to focus immunization efforts to support facilities where immunization rates are not as high as they need to be to ensure we understand outbreak risks and can work with facilities to take preventive measures, and continue to support outbreak response measures.

In summary, I and the Ministry of Health would very much appreciate the support of HEABC to develop a standardized employer policy and provide direction to its members to ensure there is consistent and appropriate implementation of the policy on mask use for staff, contractors and volunteers in these facilities.

In closing, through you, I want to recognize and thank all of the workers, whether it's the care aides, nurses, allied health providers, food staff, cleaning staff, managers and administrators for their dedication during this incredibly challenging time. It has made a huge difference.

I also want to encourage everyone who has not yet received their vaccine to do so now. Immunization is what will allow us to move through this next phase and to provide additional support and contact with our loved ones in long-term care and seniors' assisted living.

.../3

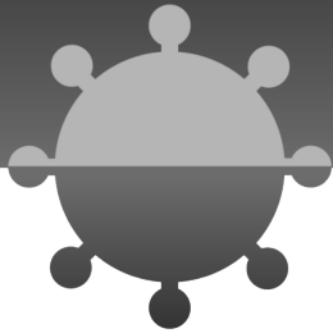
Thank you.

Sincerely,



Bonnie Henry  
MD, MPH, FRCPC  
Provincial Health Officer

Cc Stephen Brown, Deputy Minister, Ministry of Health  
Mark Armitage, Assistant Deputy Minister, Health Sector Workforce and Beneficiary  
Services Division, Ministry of Health  
Teri Collins, Assistant Deputy Minister, Health Services Division, Ministry of Health  
Lorie Hrycuik, Executive Lead, Population and Public Health Division, Ministry of  
Health  
Brian Emerson, Deputy Provincial Health Officer



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## COVID-19 Infection Prevention and Control: Guidance for Acute Health-Care Settings

August 3, 2021

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Ministry of  
Health



BC Centre for Disease Control

If you have fever, a new cough, or are  
having difficulty breathing, call 8-1-1.



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## A. Introduction

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This document provides guidance for acute health-care settings, including emergency departments and outpatient/ambulatory care within acute care facilities, on infection prevention and control (IPC) practices to mitigate the impact of COVID-19.

This guidance outlines the IPC measures to provide care safely in these settings, including those with confirmed and suspected COVID-19 (e.g., patients with symptoms of COVID-19 or required to self-isolate following close contact with a confirmed case or travel outside of Canada).

This guidance is based on the latest available best practice and scientific evidence and may change as new information becomes available. For COVID-19 variants of concern, recommended IPC measures remain the same and should be strictly followed and reinforced. See [Guidance on SARS-CoV-2 Variants of Concern](#) for more information.

A COVID-19 acute care preparedness checklist has been provided in [appendix A](#) to assist with implementing this guidance.

### 1. COVID-19 immunization

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Overall, approved COVID-19 vaccines in Canada are effective against COVID-19. We are continuing to learn about the impact that immunization has on SARS-CoV-2 transmission and their effectiveness against variants of concern. As the evidence evolves, public health and IPC guidance for individuals who have received their COVID-19 immunizations will be updated as needed.

Some of the side effects from COVID-19 vaccines are similar to symptoms of COVID-19. Individuals experiencing any symptoms of COVID-19 after receiving their immunizations are to continue to use the [BC COVID-19 Self-Assessment tool](#) to determine if testing for COVID-19 is required.

Regardless of whether an individual in a health care facility (e.g., patient, health-care worker, visitor) has received a COVID-19 vaccine(s), they must continue to follow local processes for COVID-19 screening and managing COVID-19 like symptoms. When providing care to symptomatic patients, health-care workers (HCWs) must continue to conduct point-of-care risk assessments (PCRAs) and implement additional precautions as needed to prevent the transmission of SARS-CoV-2.

For further information, please see the following resources:

[NACI Recommendations on the use of COVID-19 vaccines](#)

[BC Centre for Disease Control \(BCCDC\) Monitoring vaccine update, safety and effectiveness](#)

[BCCDC Getting a COVID-19 vaccine](#)

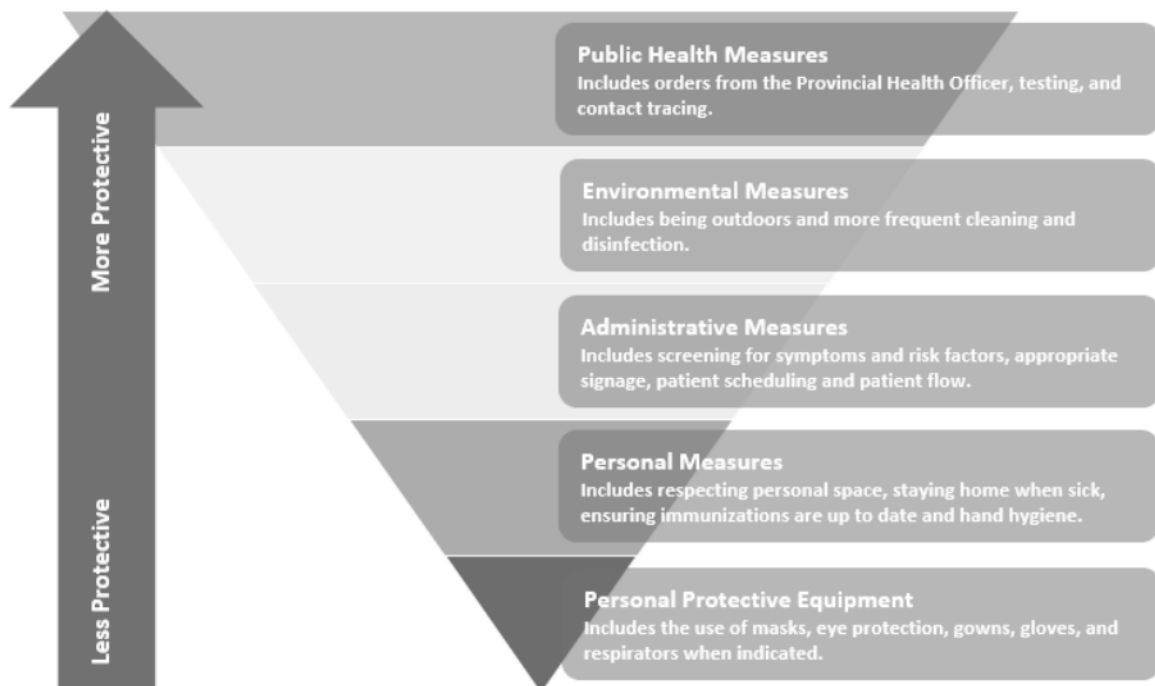
## B. Infection Prevention and Exposure Control Measures

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Implementation of infection prevention and exposure control measures help create a safe environment for health-care providers and patients. A hierarchy of infection prevention and exposure control measures for communicable disease describes the measures that can be taken to reduce the

transmission of COVID-19. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

#### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



**Public health measures** are society-wide actions to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The provincial health officer has implemented public health orders, including capacity limits for indoor and outdoor events, effective testing, case finding and contact tracing, and emphasizing the need for people to stay home when they are sick. Please see the [office of the provincial health officer](#) website for more information related to COVID-19 orders and notices.

**Environmental measures** are physical changes in a setting that reduce the risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having suitable ventilation and air exchange, and frequent cleaning and disinfection of work and living spaces.

**Administrative measures** are the implementation of policies, procedures, training, and education. Examples of these include implementing facility or organizational infection prevention and control policies and procedures (e.g., screening for symptoms and risk factors, use of appropriate signage, etc.), as well as health care worker training.

**Personal measures** are actions individuals can take to both protect themselves, as well as prevent spread to others. Examples include respecting personal space, washing hands frequently, coughing into an elbow, staying home from work when sick, and ensuring immunizations are up to date.

**Personal protective equipment (PPE)** is the last and least effective of the infection prevention and exposure control measures. It is not effective as a stand-alone preventive measure and should only be considered after implementing all other measures. PPE must be suited to the task and must be worn and disposed of properly.

## C. Environmental Measures

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### 2. Cleaning and Disinfection

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#### *Handling, Cleaning, and Disinfection of Patient Care Equipment*

- Identify which staff are responsible for cleaning patient care equipment and inform them about all required duties.
- Dedicate reusable, non-critical equipment and supplies specifically to individual patients with suspected or confirmed COVID-19 infections, when possible.
- If dedicating equipment and supplies to an individual patient is not possible, clean and disinfect non-critical equipment that is shared between multiple patients (e.g., blood pressure cuffs, electronic thermometers, oximeters, stethoscope) with hospital-grade disinfectant (e.g., disinfectant wipes) between uses, in accordance with institutional IPC and environmental services protocols.
- Always follow the manufacturer's instructions for dilution, contact times, safe use, and the compatibility of materials for all cleaning and disinfection products.
- Disposable items that cannot be easily cleaned and disinfected should be dedicated to just one patient and discarded upon patient transfer or discharge.
- Discard all single-use items into appropriate bins after use.
- Remove personal care items left behind by the patient after their discharge.

#### *Environmental Cleaning, Waste Management and Laundry*

The cleaning products and disinfectants regularly used in hospitals and health-care settings are effective against COVID-19. Please see BCCDC's [COVID-19 environmental cleaning and disinfectants for clinic settings](#) guidance for more information.

Please see BCCDC's [COVID-19 information sheet for environmental service providers in health-care settings](#) regarding PPE use, as well as information on environmental cleaning, laundry, and waste management in health-care settings.

### 3. Food Handling, Delivery and Pick Up

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#### *Food service providers*

- All food service providers and health care workers should follow food safety requirements, including practicing diligent hand hygiene.
- All food service delivery and providers must wear a medical mask in all patient care areas in acute care and follow your facility's routine practices for PPE.
- Food services staff should not enter dedicated COVID-19 cohort units or rooms with patients on droplet and contact precautions.



- Food services staff should leave meal trays outside COVID-19 units or rooms on droplet and contact precautions and notify patient care staff.
- Patient care staff will deliver meal trays to patients on droplet and contact precautions and return used trays to a cart outside of unit or room for food services staff to pick up.

#### *Staff and HCWs*

- Staff and HCWs should not have buffet-style potluck gatherings, where many people are handling and serving food in close proximity.
- Staff and HCWs may share individually packaged food items with others (e.g., creamer cups, sugar packets, granola bars, and containers with individual servings).
- There should be no food sharing by staff and HCWs in outbreak units/facilities.

#### *Visitors*

- Visitors may bring in food for the patient/resident and should be individually packaged for the patient/resident. Remind visitors and patients/residents to perform hand hygiene before and after handling or eating food.
- Provide visitors with the appropriate information on safe food practices, such as protecting foods from contamination, preventing cross-contamination of foods and discarding food that may have been contaminated with coughs or sneezes. Please see [BCCDC's food safety webpage](#) for more information.
- Visitors must confirm with the facility staff regarding any dietary considerations before bringing in food for the patient/resident (e.g., allergies, diabetes, choking hazard or swallowing difficulties).

### 4. Physical Changes to the Facility

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- Set up communicable respiratory illness and COVID-19 screening stations for all individuals entering the facility at each designated entry point.
- Maintain existing physical barrier installed during COVID-19 pandemic if they do not impede normal operations.
- Consider having a process and designated space for triage, waiting areas, and examination rooms, for the management of patients presenting with communicable respiratory illnesses, including suspected or confirmed COVID-19. Designate exam room(s) closest to the entrance for patients with communicable respiratory symptoms in order to allow rapid isolation pending formal assessment.
- Where possible, ensure availability of single rooms with a private toilet and a sink for patients with communicable respiratory illnesses, including suspected or confirmed COVID-19. If single rooms are not available, use physical partitions to provide appropriate separation between patients.
  - Ensure availability of airborne infection isolation rooms, where possible and indicated for aerosol generating medical procedures.
  - Set up a PPE station outside of the room/space of patients with suspected or confirmed communicable respiratory illnesses.
- Ensure the availability of designated hand washing sinks for HCWs.
- Ensure an adequate supply of tissues and waste baskets are available for use by patients, staff, and visitors.
- Provide alcohol-based hand rub (ABHR) with at least 70% alcohol content for patients, staff, and visitors at triage areas, screening points, facility entry and exit points, common areas, patient units and at point-of-care in patients' rooms.

- A risk assessment should be used to guide the placement of ABHR to avoid the negative effects of ingestion or misuse of any kind, such as pediatrics, mental health units and units with patients with cognitive impairment.
- Heating, ventilation, and air conditioning (HVAC) systems should be properly installed and regularly inspected and maintained. Consult with HVAC standards by the Canadian Standards Association and other building code requirements. Where feasible, optimize HVAC systems in patient care areas and rooms, especially where patients suspected or confirmed of having COVID-19 are accommodated and cared for. Additional considerations for optimizing HVAC systems in the context of COVID-19, are found in guidance from [Alberta Health Services COVID-19 Scientific Advisory Group](#), [Public Health Ontario](#), and [WorkSafe BC](#). Where adjustments are needed, it would be beneficial to solicit expertise of HVAC specialists to ensure appropriate procedures are undertaken and intended parameters are met.

### *Signage*

Up to date signage and information is available at the [BCCDC signage and posters webpage](#) (available in multiple languages).

- Post signage at appropriate locations around the facility for foundational infection control and exposure controls, including hand hygiene and respiratory etiquette.
- Post [do not enter if you are sick posters](#) in multiple languages at all entrances reminding visitors [not](#) to enter if they are sick or if they are required to self-isolate.
- Post [medical mask posters](#) at entrances of health care facilities reminding staff and visitors to put on a medical mask when in patient care areas.

Signage on PPE use:

- Post [signage](#) for droplet and contact precautions outside the room/space of patients with suspected or confirmed COVID-19.
- Post signs at appropriate locations to guide PPE use, including instructions on [how to put on \(don\) and take off \(doff\) PPE](#).

## D. Administrative Measures

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### 5. Screening for COVID-19 Symptoms and Risk Factors

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#### *Pre-Appointment Patient Screening*

Health authority telephone message/voice mail and website(s) should clearly instruct patients on COVID-19 safety measures about the requirements for acute care facilities, as well as where to access current COVID-19 [self-assessment](#) and [lab testing](#) information.

For facilities offering scheduled appointments or procedures, the patient screening and triage process starts prior to a patient arriving at the facility.

Actively screen patients over the phone or virtually prior to their scheduled appointment or procedure, whenever possible. Advise patients to [self-monitor](#) for COVID-19 symptoms and notify staff of any change in their health prior to coming into the hospital.

Ensure patients are informed about the recommended precautions such as hand hygiene, respiratory etiquette, and environmental cleaning and disinfection.

If the screening questionnaire indicates a risk and the appointment cannot be delayed based on the medical assessment, institute IPC measures, including droplet and contact precautions, for the duration of the appointment.

For scheduled surgical procedures:

- Complete the [COVID-19 surgical patient assessment form](#) 24 to 72 hours prior to the scheduled surgical procedure.
- For pre-surgical assessment of obstetrical surgical patients for COVID-19, please refer to [IPC protocol for obstetrical procedures during COVID-19](#).
- For pre-surgical assessment of pediatric patients for COVID-19, please refer to the [IPC protocol for surgical procedures during COVID-19 for pediatrics](#).

### *Screening at Facility Entry Points*

Actively screen every person who enters the facility for symptoms and risk factors consistent with COVID-19 and communicable respiratory illness. This includes patients, visitors and all staff entering the facility before the start of their shift. See the [COVID-19 entrance screening tool for health-care facilities](#) for more information.

Screeners should wear medical masks and must always practice diligent hand hygiene.

Instruct patients and other persons entering the facility to put on a medical mask in patient care areas, practice hand hygiene, and practice respiratory etiquette during their visit.

### *Staff*

Ensure adequate screening of all HCWs, staff, volunteers, contractors and students for symptoms and risk factors associated with COVID-19 and communicable respiratory illness before the start of each shift.

Before each shift, all HCWs, staff, volunteers, contractors and students should self-screen for symptoms and risk factors associated with COVID-19 in accordance with employer communicable disease plans. Follow the measures outlined in the [COVID-19 health-care worker self-check and safety checklist](#).

### *Patients*

Actively screen all patients for symptoms and risk factors consistent with COVID-19 and communicable respiratory illness upon arrival at triage, reception desks, and other locations where patients present directly for treatment or care (e.g., emergency departments, diagnostic imaging departments, ambulatory care, outpatient laboratory, and clinics). See [COVID-19 entrance screening tool for health-care facilities](#) for more information.

Inpatients should be monitored on an ongoing basis for symptoms and risk factors consistent with COVID-19 and communicable respiratory illness. Ensure screening for symptoms and risk factors

consistent with COVID-19 is included in patient charts, where possible. See [COVID-19 patient screening tool for direct care interactions](#) for more information.

### *Visitors*

All visitors entering the building must be actively screened for symptoms and risk factors associated with COVID-19 and communicable respiratory illness on every visit. See [COVID-19 entrance screening tool for health-care facilities](#) for more information.

Please refer to the [BC Ministry of Health Overview of Visitors in Acute Care document](#) on BCCDC's [website](#) for additional guidance on patient/client visitation.

## 6. Testing for COVID-19

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Review the latest [COVID-19 testing guidelines](#) prior to any testing. Please refer to the video for instructions on [how to perform a nasopharyngeal swab](#).

Implement droplet and contact precautions to collect nasopharyngeal swabs. These precautions include wearing a gown, gloves, medical mask, and eye protection (e.g., face shield/goggles).

Please refer to the [IPC protocol for surgical procedures during COVID-19: adult](#) regarding testing recommendations for surgical procedures.

## 7. Patient Management

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Patient management involves planning for patient scheduling and patient flow including triage, accommodation and transfer.

### *Facilities Offering Scheduled Appointments or Procedures*

For patients presenting with symptoms and risk factors consistent with COVID-19 and communicable respiratory illness, consider seeing those patients at pre-determined times when asymptomatic patients are not also present.

### *Placement and Accommodation of Patients with COVID-19*

Wherever possible, designate teams of staff to specific units or cohorts of patients.<sup>1</sup> If dedicated teams or staff for patients with COVID-19 illness is not an option, staff must first work with patients without COVID-19, before moving on to work with patients with COVID-19.

Complete a PCRA (see [section 11: point-of-care risk assessment](#)) and **implement droplet and contact precautions** for patients with suspected (e.g., patients with risk factors and/or symptoms consistent with COVID-19) or a diagnosis of COVID-19. Please see [COVID-19 patient screening tool for direct care](#)

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<sup>1</sup> **Patient cohort** refers to a group of patients with the same diagnosis (in this case COVID-19) or a group of patients with the same symptoms who are strongly suspected to have the same diagnosis (for this latter cohort, decisions regarding cohorting should be made in consultation between facility director/administrator, medical health officer or designate and client care leader). For example, patients with a confirmed COVID-19 diagnosis, patients suspected to have COVID-19 (diagnosis not yet confirmed), and patients without symptoms suggestive of COVID-19, can each be a respective patient cohort.

[interactions & routine PCRA tool](#) for more information. If an **aerosol-generating medical procedure (AGMP)** is being performed, see the [AGMP section](#) of this document for AGMP precautions.

**In-patients with suspected or confirmed COVID-19 illness:**

- Place a patient with suspected or confirmed COVID-19 illness in a single room with a private toilet and sink for hand washing, where possible.
- If a single room is not available, maintain a physical distance of two metres between the bed space of the patient with suspected or confirmed COVID-19 and all roommates. Close the privacy curtains between the beds. Consult with IPC when considering cohorting options.
- Consult with the IPC team or designate at the facility regarding considerations for the safe movement and transfer of roommates of patients with suspected or confirmed COVID-19 illness.
- Post signs outside the patient room/space indicating required precautions and giving instructions on how to don and doff PPE. See [section 3: signage](#) of this document.
- Set up a PPE station outside the patient's room and implement droplet and contact precautions.
- Provide a designated commode chair for the patient's use, if required.

*Patient Flow and Activity*

Patients with suspected or confirmed COVID-19 illness should stay in their room, unless medically required to leave (e.g., diagnostic tests that cannot be done in the patient's room). Avoid transfers within and between facilities unless medically necessary or as indicated by risk assessment.<sup>2</sup>

**When leaving the room**

Patients with suspected or confirmed COVID-19 illness must, when physically able, wear a medical mask, perform hand hygiene and minimize touching surfaces or items while outside the room.

**Staff must:**

- Contact the receiving unit and the transferring service to ensure droplet and contact precautions are followed.
- Request to have the patient promptly seen to minimize time in waiting areas.
- Provide the patient with clean clothing or a clean hospital gown.
- Clean and disinfect mobility aids, such as wheelchairs, canes, and walkers before exiting the room.
- Transfer the patient to a clean stretcher, when possible. If this is not possible, clean and disinfect the handrails of the stretcher before exiting the room.
- Use the most direct route to the destination.
- Clean and disinfect any surfaces touched by the patient while outside of their room.
- Maintain routine practices, droplet and contact precautions during patient transfer.
- Assist patients in performing hand hygiene, if necessary.
- Encourage patients to practice respiratory etiquette.

For patients requiring continuous positive airway pressure (CPAP) or bilateral positive airway pressure (BiPAP) where the CPAP or BiPAP cannot be safely switched off for the duration of the transfer, HCWs who are in contact with the patient or stretcher must wear an N95 respirator or equivalent.

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<sup>2</sup> The risk/benefit may be different in each situation (e.g., if an airborne infection was suspected in a suspect COVID-19 patient, then the risk of not moving to an AIIR may be greater than the theoretical risk associated with transport).

As part of the discharge process, provide patients with the appropriate discharge documentation outlining the necessary public health and IPC practices they should follow, including information on discontinuation of precautions.

For patients requiring additional precautions for COVID-19 at the time of discharge, the health-care provider team should liaise with public health as part of discharge planning. Please refer to the [guidance for discontinuing additional precautions related to COVID-19 for admitted patients in acute care](#) for more information.

### *Management of Deceased Persons*

Follow guidance for the [safe handling and care of deceased persons with suspected or confirmed COVID-19](#).

## E. Personal Measures

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### 8. Staff Self-Check and Safety Checklist

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- Staff are encouraged to become fully immunized against COVID-19 to protect themselves, patients, and others.
- Staff must not come to work if they are experiencing symptoms associated with COVID-19, in accordance with workplace health policies.
- Staff must not come to work if they are required to self-isolate by public health following a close contact exposure or international travel, unless exempted by their leadership or public health.
- Staff who have any questions or concerns regarding their possible COVID-19 exposure or symptoms are advised to call their local public health unit and/or their workplace health and safety department for assessment and advice.
- Please see the guidance for [return to work](#) for HCWs for further information on HCWs exposed to COVID-19 while at work and criteria for returning to work.
- HCWs should follow the health authority's specific processes for testing or call the Provincial Workplace Health Call Centre to report and arrange testing. Please see the [testing guidelines](#) for further information.
- Please see the sample [COVID-19 health-care worker self-check and safety checklist](#) for more information.

### 9. Hand Hygiene

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Rigorous hand hygiene with plain soap and warm water or at least 70% ABHR is the most effective way to reduce the spread of illness. Strategies to ensure diligent hand hygiene:

- Ensure dedicated hand hygiene sinks are well-stocked with plain soap and paper towels for hand washing. Antibacterial soap is not required for COVID-19.
- Ensure other supplies, including hand disinfecting wipes, tissues, and waste bins are available as required at point-of-use.

- Reinforce the importance of diligent hand hygiene and proper hand hygiene technique with **staff, patients, and visitors** on an ongoing basis. Assist **patients** with performing hand hygiene if they are unable to do so by themselves.

Instruct **patients, staff and visitors** to perform diligent hand hygiene with ABHR or soap and water at the following times:

- When entering and exiting the building;
- When hands are soiled;
- Before and after touching others;
- After using the washroom;
- Before and after handling food and eating;
- After performing personal hygiene routines, such as oral care;
- Before and after handling medications;
- After sneezing or coughing; and
- When entering and exiting patient rooms.

Instruct **staff and visitors** to also perform hand hygiene after touching any surfaces in the patient environment or touching the patient.

Instruct **staff** to also perform hand hygiene:

- At the beginning of the workday;
- Before preparing or serving food;
- After removing each individual piece of PPE;
- Before putting on new PPE;
- Before and after contact with a patient or their environment, even if gloves are worn;
- Before performing an aseptic or sterile procedure;
- Before moving from a contaminated site to a clean body site during the care of the same patient;
- Before assisting patients with feeding or medications; and
- After contact with body fluids.

## 10. Respiratory Etiquette

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Respiratory etiquette is also known as cough etiquette.

Reinforce the importance of diligent respiratory etiquette with patients, staff and visitors on an ongoing basis, including:

- Using tissues to contain coughs and sneezes; or coughing or sneezing into upper sleeve or elbow if tissues are not available.
- Disposing of used tissues in a proper waste bin and performing hand hygiene immediately after.
- Refraining from touching their eyes, nose, or mouth with unclean hands.

## 11. Point-of-Care Risk Assessment

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Prior to any patient interaction, all HCWs must conduct a PCRA to assess the infectious risks posed by a patient, situation, or procedure to themselves, other HCWs, staff, other patients and visitors.

The PCRA is based on professional judgment about the clinical situation, as well as up-to-date information on how the specific health-care facility has designed and implemented appropriate physical (engineering) and administrative controls, and the use and availability of PPE.

See [BCCDC COVID-19 patient screening tool for direct care interactions](#) and [routine PCRA tool for guidance on conducting a PCRA](#).

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

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### 12. Key PPE Recommendations

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Please refer to the [B.C. Ministry of Health policy communiqué: mask use in health-care facilities during the COVID-19 pandemic](#) for mask use guidance for HCWs (clinical and non-clinical staff) in all health-care facilities. HCW are required to wear medical masks in all patient care areas.<sup>3</sup>

Clinical areas requiring additional eye protection guidance will be identified and communicated by health authority IPC and workplace health and safety teams to the applicable areas (e.g., emergency departments and units with clinically extremely vulnerable patients).

**For direct care of patients with suspected COVID-19 (e.g., patients with risk factors and/or symptoms of COVID-19) or a diagnosis of COVID-19:** follow droplet and contact precautions. This includes wearing a medical mask, eye protection, gloves and gown.

Access to additional PPE, such as respirators, will be provided in circumstances where a HCW determines there is elevated risk of COVID-19 transmission through patient interaction.

#### When wearing PPE:

- Avoid touching your mask or eye protection (if worn). If you must touch or adjust your mask or eye protection, perform hand hygiene immediately before and after adjusting.
- Leave the patient care area<sup>3</sup> if you need to remove your mask (e.g., at end of shift or during a break) and ensure two metres distance from the patient.
- Do not re-use a doffed/removed mask.
- Change PPE if it becomes damaged or visibly soiled.
- Use extreme care when doffing/removing PPE. Practice hand hygiene after removing each individual piece of PPE, and before putting on new PPE.
- Eye protection, when worn, must be a well-fitting device that covers the front and sides of the face.
  - Regular eyeglasses are **not** sufficient to protect from all splashes or droplet spray and are not considered adequate protection.
  - Eye protection, such as goggles, safety glasses or combination medical mask with attached visor, need to cover from the eyebrow to the cheekbone, and across from the nose to the boney area on the outside of the face and eyes. Eye protection should be

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<sup>3</sup> Patient care area: A patient care area/location is an area within a health care facility, including a contracted facility, hallway or lobby, which is accessible to patients, residents or clients who are there to access care or services. It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents, or clients.



fitted so that gaps between the edges of the eye protection and the face are kept to a minimum.

- Full face shields should extend below the chin to cover the face, to the ears at both sides of the head, and there should be no exposed gap between the forehead and the shield's headpiece.
- For AGMPs, a full-face shield or goggles must be used.
- When reusable eye protection is used for multiple patient encounters, it should be cleaned and disinfected as per the guidance found on [BCCDC's webpage](#).
- Properly doff, clean, and disinfect your eye protection when visibly soiled and when leaving the patient care area (e.g., at end of shift or during a break).

**Extend the use of PPE whenever possible.** This includes:

- Keep PPE on for repeated, close contact encounters within a cohort<sup>4</sup> of patients, unless damaged or visibly soiled. The exception is gloves, which must be changed between each patient.
- Change PPE if moving between patient cohorts (e.g., from patients with confirmed COVID-19 to suspected COVID-19 or from confirmed COVID-19 to patients without COVID-19).
- Change PPE if moving between patients on additional precautions for non-COVID-19 reasons (e.g., airborne, droplet, and contact) when they are not part of a cohort.
- Clean and disinfect eye protection between cohorts of patients in accordance with BCCDC's [cleaning and disinfection instructions for eye/facial protection](#) guidance.
- Properly doff and dispose/clean and disinfect PPE when leaving the patient care area (e.g., at end of shift, during breaks or mealtimes).

Please refer to [appendix B](#) for a summary of PPE requirements for providing care to patients with and without COVID-19. Detailed PPE guidance specific to various acute care settings and services is available in [appendix C](#) of this document.

#### Donning and Doffing PPE

For up-to-date information on PPE, including proper donning and doffing procedures, as well as posters and signage, please refer to BCCDC's [personal protective equipment webpage](#).

#### Discontinuation of Precautions

Follow provincial [guidance for discontinuing additional precautions related to COVID-19 for admitted patients in acute care](#).

#### Aerosol Generating Medical Procedures (AGMPs)

- Perform a PCRA and don appropriate PPE as per routine practices for all AGMPs.
- Use a fit-tested and seal-checked N95 respirator or equivalent and eye protection (goggles or face shield), gloves and a gown for AGMPs performed on patients with suspected or confirmed COVID-19.

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<sup>4</sup> **Patient cohort** refers to a group of patients with the same diagnosis or suspected diagnosis. In the case of COVID-19, patients with a confirmed COVID-19 diagnosis, patients suspected to have COVID-19 (diagnosis not yet confirmed), and patients without symptoms suggestive of COVID-19, can each be a respective patient cohort. Decisions regarding cohorting should be made in consultation between facility director/administrator, medical health officer or designate and client care leader.

- Use droplet and contact precautions when performing nasopharyngeal and throat swabs.
- For patients with suspected or confirmed COVID-19 illness, AGMPs should be performed in an airborne infection isolation room (AIIR) whenever possible. If an AIIR is not available, the patient should be placed in a private room with the door closed. Transfers between units during an AGMP should not occur unless medically necessary or as indicated by risk assessment<sup>5</sup>.
- Close the door of the room when an AGMP is being performed.
- Limit the number of HCWs to only those required for the procedure.
- Perform appropriate hand hygiene, donning, and doffing procedures.
- Follow local health authority specific IPC and workplace health and safety guidelines for AGMPs.
- Please see the [aerosol generating medical procedures \(AGMP\) guidance](#) for more information. Please see [BCCDC's COVID-19 information sheet for environmental service providers in health-care settings](#) for details regarding environmental cleaning and disinfection following an AGMP.

#### PPE Guidance for Patients and Visitors

Please refer to the [B.C. Ministry of Health policy communiqué: mask use in health-care facilities during the COVID-19 pandemic](#) for mask use guidance.

Visitors and support persons must wear a medical mask in patient care areas<sup>6</sup>. Visitors of patients with suspected (e.g., patients with risk factors and/or symptoms of COVID-19) or a diagnosis of COVID-19 should follow droplet and contact precautions.

Patients and visitors must also be instructed to follow routine practices and any additional precautions that are in place for non-COVID-19 specific reasons.

Patients with communicable respiratory illness will be asked to put on a medical mask, if tolerated, while being evaluated by a HCW or at point of entry to a health care facility. Masks are recommended for those who are not fully immunized against COVID-19.

Patients are required to wear medical masks in higher occupancy waiting rooms/areas, such as emergency departments, urgent and primary care care centres, laboratory testing/collection sites and medical clinics.

## G. Organizational Management

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### 13. Organizational Response Planning and Organization

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Establish clearly defined roles and responsibilities, balanced by cross-training of staff and planning for backfilling positions should a staff member be unable to work. Designate an IPC lead (an IPC practitioner or physician). An acute care COVID-19 preparedness checklist can be found in [appendix A](#) to assist with planning.

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<sup>5</sup> The risk/benefit may be different in each situation (e.g., if an airborne infection was suspected in a suspect COVID-19 patient, then the risk of not moving to an AIIR may be greater than the theoretical risk associated with transport).

<sup>6</sup> Patient Care Area: A patient care area/location is an area within a health care facility, including a contracted facility, hallway or lobby, which is accessible to patients, residents or clients who are there to access care or services. It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents, or clients.

## 14. Staff Education and Communication

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Develop a communication strategy for times of crisis that ensures HCWs and staff have the most up-to-date information on COVID-19.

Ensure staff have clear, up-to-date information for communicating with patients. Provide appropriate education and training on the following topics, monitor for compliance, and take immediate corrective action when needed:

- Hand hygiene. See [section 9: hand hygiene](#) for more information.
- Environmental cleaning and disinfection.
- How to conduct a PCRA prior to each patient interaction.
- Appropriate handling of HCW work uniforms. Work clothes must be laundered after each shift.

Train staff on respiratory protection, proper selection and use of PPE. Implement fit-testing for N95 respirators or equivalent in accordance with CSA Z94.4. and provincial regulatory requirements. Train, test, and monitor staff compliance to ensure vigilant donning, wearing, and doffing of PPE.

## 15. Psychosocial Support

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Support the adoption and implementation of [health-care provider support](#) guidance during the COVID-19 pandemic.

## H. Provincial COVID-19 Guidance & Information

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Provincial guidance and information specific to COVID-19 can be found at the following links:

- [BCCDC – COVID-19 information for health professionals](#)
- [BCCDC – COVID-19 information for the public](#)
- [Office of the provincial health officer – COVID-19 orders, notices, and guidance](#)
- [Government of British Columbia – COVID-19 provincial support and information](#)

## Key References

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## Appendix A: COVID-19 Acute Care Preparedness Checklist

COVID-19 Infection Prevention and Control Preparedness Checklist for Acute Care Sites
<p><b>Environmental Measures</b></p> <p><i>Check to confirm the following environmental measures are in place:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appropriate handling, cleaning, and disinfection of patient care equipment between use.</li> <li><input type="checkbox"/> Environmental cleaning and disinfection, waste management and laundry in accordance with the <u>COVID-19 information sheet for environmental service providers in health-care settings</u>.</li> <li><input type="checkbox"/> Policies and procedures are in place to guide cleaning and disinfection of patient rooms after aerosol generating medical procedure (AGMP) is completed and patient is transferred or discharged.</li> <li><input type="checkbox"/> Food handling, delivery, and pick personnel follow routine institutional and organization IPC and food safety protocols.</li> <li><input type="checkbox"/> Appropriate modification to facility infrastructure, where possible, including:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Screening at entry points for patients and visitors and staff .</li> <li><input type="checkbox"/> Maintain existing physical barriers if they do not impede operations (e.g., screening stations, triage/reception desks, food service areas).</li> <li><input type="checkbox"/> Ventilation systems properly maintained.</li> <li><input type="checkbox"/> Airborne infection isolation room (AIIR) available for AGMPs, if possible.</li> </ul> </li> <li><input type="checkbox"/> Appropriate signage in place throughout the facility, including signage to guide:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Hand hygiene.</li> <li><input type="checkbox"/> Respiratory etiquette.</li> <li><input type="checkbox"/> Signage reminding visitors to not enter if sick or required to self-isolate.</li> <li><input type="checkbox"/> Signage reminding people with COVID-19 symptoms to self-identify to reception.</li> <li><input type="checkbox"/> Appropriate use of personal protective equipment (PPE), including signage for:                 <ul style="list-style-type: none"> <li><input type="checkbox"/> How to wear a mask</li> <li><input type="checkbox"/> How to don/doff PPE in clinical areas where indicated.</li> <li><input type="checkbox"/> How to clean/disinfect eye and facial protection in clinical areas where indicated.</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Appropriate supplies in place throughout the facility, including:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol-based hand sanitizer (minimum 70% alcohol content) available at all entry points and at throughout the facility (unless contraindicated by risk assessment).</li> <li><input type="checkbox"/> Tissues, waste receptacles, and disinfection wipes available at required point-of-use.</li> <li><input type="checkbox"/> Hand hygiene stations stocked with soap, hand towels, waste bins.</li> </ul> </li> </ul> <p><i>Environmental measures specific to COVID-19 cases:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dedicate reusable equipment to patients with suspected/confirmed COVID-19, where possible.</li> <li><input type="checkbox"/> Designated COVID-19 triage, waiting rooms, and exam rooms in emergency departments and medical clinics when possible (exam room(s) closest to the entrance designated for patients with respiratory symptoms).</li> <li><input type="checkbox"/> Single occupancy rooms identified for patients with suspected/confirmed COVID-19 or physical partitions available to provide appropriate separation between patients.</li> <li><input type="checkbox"/> Droplet/contact precautions outside the room/space of patients with suspected/confirmed COVID-19.</li> <li><input type="checkbox"/> PPE stations in place outside patient rooms on additional precautions.</li> <li><input type="checkbox"/> Designated COVID-19 floors/units when multiple confirmed cases admitted.</li> </ul>

## Administrative Measures

*Check to confirm the following administrative measures are in place:*

- ☐ Routine practices, including hand hygiene, respiratory etiquette, , cleaning, and disinfection and point-of-care risk assessment (PCRA) are in place for the care of all patients.
- ☐ Appropriate COVID-19 protocols in place for high flow patient areas in (e.g., emergency departments).
- ☐ Process in place to support virtual visit or telephone consultation, where appropriate.
- ☐ Screening is in place for symptoms and risk factors consistent with communicable respiratory illness including COVID-19:
  - ☐ Messaging on acute care practice telephone/voicemail regarding COVID-19.
  - ☐ Appropriate signage for screening at facility entry points.
  - ☐ Process in place to screen every person entering the facility for communicable respiratory illness including COVID-19 symptoms/risk factors:
    - ☐ All staff before the start of every shift.
    - ☐ Patients upon arrival at the facility.
    - ☐ Patients prior to scheduled appointments, over the phone or virtually, if possible.
    - ☐ Inpatients on an ongoing basis.
    - ☐ Visitors on every visit.
- ☐ Screeners maintain appropriate distance from others, have a physical barrier or wear eye protection, in addition to medical mask and practice diligent hand hygiene
- ☐ Visitor policy is implemented in accordance with the BC Ministry of Health Overview of Visitors in Acute Care guidance on patient/client visitation.

Administrative measures specific to COVID-19 cases:

- ☐ Appropriate protocols in place for managing and accommodating patients presenting with communicable respiratory illness, including COVID-19 symptoms/risk factors.
  - ☐ Patients with respiratory illness and COVID-19 symptoms/risk factors scheduled during designated time slots, if possible.
  - ☐ There is a process in place to take patients presenting with communicable respiratory illness and COVID-19 symptoms/risk factors to designated examination rooms or waiting areas.
  - ☐ Patients with suspected/confirmed COVID-19 immediately placed under droplet and contact precautions until COVID-19 or any other infectious illness is ruled out. Protocols for other diagnoses are followed as appropriate.
- ☐ Appropriate protocols in place for the safe transfer and movement of patient with suspected/confirmed COVID-19 within and between facilities.
- ☐ The facility has criteria and process in place to dedicate teams of staff for specific units or cohorts of patients, where possible. If not possible, staff assigned to work with well patients and then move to with patients with COVID-19.

## Personal Measures

*Check to confirm the following personal measures are in place:*

- ☐ Health-care workers (HCWs) and staff do not work when ill.

- ☐ HCWs and staff do not work if they are required to self-isolate by public health following a close contact exposure or international travel, unless exempted by their leadership/public health.
- ☐ HCWs, staff, patients, and visitors follow infection prevention and control (IPC) measures to prevent COVID-19 transmission (e.g., hand hygiene, respiratory etiquette, and cleaning and disinfection).
- ☐ HCWs conduct PCRA prior to any interactions with a patient or a visitor. See [COVID-19 patient screening tool for direct care interactions](#) and [PCRA tool](#) for more information.
- ☐ HCWs are aware of and provided with up-to-date information on COVID-19 IPC policies and practices.

#### Personal Protective Equipment

- ☐ Appropriate routine practices are implemented for all patient interactions.
- ☐ Medical mask use implemented for HCWs, non-clinical staff, patients, and visitors in patient care areas in accordance with the B.C. Ministry of Health [policy communiqué: mask use in health-care facilities during the COVID-19 pandemic](#).
- ☐ Other PPE (e.g., eye protection, gown, gloves, respirators) is used based on PCRA and additional precautions where indicated.

#### *Additional PPE precautions for COVID-19 cases:*

- ☐ Droplet and contact precautions implemented, in addition to routine practices, for any direct contact with patients with suspected/confirmed COVID-19, including:
  - ☐ Droplet and contact precautions for nasopharyngeal or throat swab for COVID-19 testing.
  - ☐ Fit-tested N95 respirator or equivalent, eye protection, gloves, and gown for AGMPs on patients with suspected/confirmed COVID-19 or other airborne diseases.

#### Organizational Management

- ☐ IPC lead designated for the organization.
- ☐ Teams of staff designated to specific units or cohorts of patients, when possible and when cohorts are created.
- ☐ Staff trained in appropriate procedures, including:
  - ☐ Proper hand hygiene and environmental cleaning and disinfection.
  - ☐ How to conduct a PCRA prior to each patient interaction.
  - ☐ Appropriate handling of work uniform.
  - ☐ Respiratory protection, proper selection, and use of PPE.
    - ☐ Fit-testing for N95 respirators or equivalent.
    - ☐ Proper donning/doffing of PPE.
- ☐ Ongoing monitoring for compliance with IPC measures, followed by immediate corrective action when required.

## Appendix B: Recommended PPE for Delivery of Direct Patient Care (Simplified)

These recommendations are for HCWs and staff who provide **direct patient care** (e.g., providing care within two metres of a patient/client and/or may have direct contact with infectious body fluids of that individual; for example, being coughed or sneezed on, accidental spills or touching soiled materials).

These recommendations **do not supersede existing IPC guidance and occupational health and safety requirements** for protecting HCWs during the delivery of routine, direct patient care for other infectious diseases, such as tuberculosis (TB) or methicillin-resistant staphylococcus aureus (MRSA).

Recommended PPE for Health-Care Workers Providing Direct Patient Care			
<ul style="list-style-type: none"> <li>Perform a point-of-care risk assessment (PCRA) before all patient interactions.</li> <li>Health-care workers who wear PPE <u>must</u> be trained in and understand proper donning and doffing practices.</li> </ul>			
Patient type	Patients without COVID	Patients <b>with</b> COVID symptoms, <b>with</b> a positive COVID test result, or <b>with</b> COVID risk factors where testing results are unknown.	
Setting / Scenario	In patient care areas <sup>7</sup>	Performing direct patient care; no AGMP.	Performing an AGMP; all settings.
PPE Type:	Recommended PPE		
Medical mask	✓	✓	✗
N95 respirator	✗	✗	✓
Gown (disposable or reusable)	✗	✓	✓
Gloves	✗	✓	✓
Eye protection (disposable or reusable)	✗ <sup>8</sup>	✓	✓

Legend: ✓ = Use the PPE type indicated ✗ = Do NOT use the PPE type indicated.

<sup>7</sup> Patient Care Area: A patient care area/location is an area within a health care facility, including a contracted facility, hallway or lobby, which is accessible to patients, residents or clients who are there to access care or services. It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents, or clients.

<sup>8</sup> Areas requiring additional eye protection guidance will be defined by HAs (e.g., emergency departments; units with clinically extremely vulnerable patients).



## Appendix C: Recommended PPE for Acute Care Settings (Detailed)

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### General PPE Guidance

Implement all appropriate measures on the hierarchy of infection control and exposure (IPC) controls.

Implement routine practices and additional precautions, including PCRA, to prevent the transmission of infection (e.g., contact precautions for antibiotic resistant organisms such as MRSA).

Perform hand hygiene (wash hands with plain soap and water or use alcohol-based hand rub) between each patient encounter, between glove changes, before donning PPE, and after doffing each individual piece of PPE.

Adhere to the [B.C. Ministry of Health policy communiqué: mask use in health-care facilities during the COVID-19 pandemic](#) for mask use guidance for HCWs (clinical and non-clinical) in all health-care facilities.

### For direct care with patients with symptoms suggestive of COVID-19 or a diagnosis of COVID-19:

HCWs and staff must follow droplet and contact precautions, in addition to routine practices. This includes wearing a medical mask, eye protection, gloves, and gown.

Use an N95 respirator or equivalent and eye protection (e.g., goggles or face shield), gloves and a gown for aerosol-generating medical procedures (AGMP) performed on patients with suspected or confirmed COVID-19. In addition, adhere to routine institutional IPC and workplace safety guidelines and practices. Use droplet and contact precautions when performing nasopharyngeal and throat swabs.

Leave the patient care area<sup>9</sup> if you need to remove your mask; do not reuse a doffed mask. Reduce the number of times you leave/enter the patient care area (e.g., unit/ward) during your shift.

Change PPE when it is visibly soiled or damaged.

### Extended Use

Implement extended use strategies to help preserve PPE supply during the COVID-19 pandemic:

- Keep PPE on for repeated, close contact encounters within a cohort<sup>10</sup> of patients, unless damaged or visibly soiled. The exception is gloves, which must be changed between each patient.
- Change PPE if moving between patient cohorts (e.g., from patients with confirmed COVID-19 to suspected COVID-19 or from confirmed COVID-19 to patients without COVID-19).
- Change PPE if moving between patients on additional precautions for non-COVID-19 reasons (e.g., airborne, droplet, and contact).
- Properly doff and dispose/clean and disinfect PPE when leaving the patient care area (e.g., at end of shift, during breaks or mealtimes).

---

<sup>9</sup> Patient care area refers to the environment in which patients/clients are intended to be examined or treated, including exam rooms, inpatient rooms, or shared spaces.

<sup>10</sup> **Patient cohort** refers to a group of patients with the same diagnosis or suspected diagnosis. In the case of COVID-19, patients with a confirmed COVID-19 diagnosis, patients suspected to have COVID-19 (diagnosis not yet confirmed), and patients without symptoms suggestive of COVID-19, can each be a respective patient cohort. Decisions regarding cohorting should be made in consultation between facility director/administrator, medical health officer or designate and client care leader.

**PPE for Operating Rooms**

For guidance on PPE and other infection control requirements in operating rooms, refer to the following:

- [IPC protocol for obstetrical procedures during COVID-19.](#)
- [IPC protocol for surgical procedures during COVID-19 for pediatrics.](#)
- [IPC protocol for surgical procedures during COVID-19 for adults.](#)

**PPE for Pharmacy Settings**

Implement all appropriate measures on the hierarchy of infection control and exposure controls. Use PPE in accordance with occupational health and safety requirements for compounding and other routine hazards encountered in the course of pharmacy-related duties.

**PPE for Environmental Cleaning and Disinfection Services**

Medical masks must be worn in accordance with the [B.C. Ministry of Health policy communiqué: mask use in health-care facilities during the COVID-19 pandemic.](#)

Use PPE in accordance with organizational guidance for routine cleaning and disinfection duties.

If entering COVID-19 units or rooms of patients with suspected or confirmed COVID-19, the following PPE is required:

- Mask (a medical mask unless another type of mask is required for the cleaning product being used).
- Gown.
- Gloves (appropriate for the cleaning products being used).
- Eye protection (e.g., goggles or face shield).
- Closed work shoes.
- For additional guidance, including cleaning following an AGMP, see the [COVID-19 information sheet for environmental service providers in health-care settings.](#)

**PPE for Food Services**

Medical masks must be worn in accordance with the [B.C. Ministry of Health policy communiqué: mask use in health-care facilities during the COVID-19 pandemic.](#)

Use gloves in accordance with your facility's standard procedures when delivering or picking up food trays. To reduce PPE use, food services staff should not enter the rooms of patients or clients with COVID-19. Prior to entering patient or client's room, always confirm with nursing staff that it is safe to do so.

## RE: Mask Use Policy

---

From: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>  
To: Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>  
Sent: August 4, 2021 12:49:24 PM PDT  
Attachments: RE: Single Site Order Variance HA Guidance Document Package

Thanks for sharing Jan.

Kristy - PHO clarified the framing of 'fully vaccinated' last week confirming it is 'more than 14 days have passed'.

s.13

### Long-Term Care/Seniors' Assisted Living Settings

- **Health care workers (clinical and non-clinical staff):**

- If a health care worker is confirmed to be fully immunized against COVID-19<sup>s.13</sup>

s.13

they are not required to wear a

mask or eye protection while in patient care areas unless PPE is clinically indicated for individuals on precautions; when indicated based on a point-of-care risk assessment; or when required to protect against the hazards normally encountered at work.

s.13

- Access to additional PPE for health care workers, such as respirators, will be provided in circumstances where, based on a point of care risk assessment, a health care worker determines there is elevated risk of COVID-19 transmission through patient/resident interaction.

Meghan

---

**From:** Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>

**Sent:** August 4, 2021 12:36 PM

**To:** Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>; Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>

**Subject:** FW: Mask Use Policy

FYI ...

Jan

---

**From:** Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>

**Sent:** August 4, 2021 12:09 PM

**To:** Carnegie, Lynn HLTH:EX <Lynn.Carnegie@gov.bc.ca>; Jepsen, Donna HLTH:EX <Donna.Jepsen@gov.bc.ca>; Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>

**Cc:** Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Hryciuk, Lorie HLTH:EX <Lorie.Hryciuk@gov.bc.ca>

**Subject:** Mask Use Policy

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Mark, is this the document you need to consult on? If so, my understanding is that you can do this consultation on Thursday so that we can hopefully get this out on Friday. Does that make sense?

Thanks,  
Peter

Peter Pokorny  
Associate Deputy Minister  
Corporate Services  
Ministry of Health  
(778) 698-8046

## RE: Mask Use Policy

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From: Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>  
To: Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>  
Sent: August 4, 2021 1:23:58 PM PDT

On the first point – when did that shift happen, when was it approved (so we can let Peter/others know why this documents didn't reflect that already) and does it impact anything else? Ideally we can easily just align the language with whomever holds the final (who is that – Carlene?).

On the second point who flags that for PHO (is it me?) and is that going to hold this up again. Assume we will need a decision to ensure that the order is consistent with this policy?

Meghan maybe you can walk me through this at our meeting shortly.

Cheers,

### Kristy Anderson

Executive Director, Access and Wait Times  
Health Services Division, Ministry of Health  
(250) 952-3387 (desk)  
(250) 920-6324 (cell)  
[Kristy.Anderson@gov.bc.ca](mailto:Kristy.Anderson@gov.bc.ca)

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**Sent:** August 4, 2021 12:49 PM  
**To:** Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>; Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>; Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>  
**Subject:** RE: Mask Use Policy  
**Importance:** High

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- **Health care workers (clinical and non-clinical staff):**

- If a health care worker is confirmed to be fully immunized against COVID-19 (s.13) they are not required to wear a mask or eye protection while in patient care areas unless PPE is clinically indicated for individuals on precautions; when indicated based on a point-of-care risk assessment; or when required to protect against the hazards normally encountered at work.

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- Access to additional PPE for health care workers, such as respirators, will be provided in circumstances where, based on a point of care risk assessment, a health care worker determines there is elevated risk of COVID-19 transmission through patient/resident interaction.

Meghan

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**Subject:** FW: Mask Use Policy

FYI ...

Jan

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**Sent:** August 4, 2021 12:09 PM

**To:** Carnegie, Lynn HLTH:EX <[Lynn.Carnegie@gov.bc.ca](mailto:Lynn.Carnegie@gov.bc.ca)>; Jepsen, Donna HLTH:EX <[Donna.Jepsen@gov.bc.ca](mailto:Donna.Jepsen@gov.bc.ca)>; Butler, Janice HLTH:EX <[Janice.Butler@gov.bc.ca](mailto:Janice.Butler@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Hrycuik, Lorie HLTH:EX <[Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)>

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Peter

Peter Pokorny  
Associate Deputy Minister  
Corporate Services  
Ministry of Health  
(778) 698-8046

## FW: Mask Use Policy

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From: Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>  
To: Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Jepsen, Donna HLTH:EX <Donna.Jepsen@gov.bc.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>  
Sent: August 4, 2021 3:00:51 PM PDT  
Attachments: RE: Single Site Order Variance HA Guidance Document Package, 1202153 Communique 2020-05 Mask Use in Health Care Facilities - Policy - 2021 July 21 (PP Aug 4).docx

Hi – so I hate to be this person but I wanted to flag two things re: Page 2

s.13

Maybe something has changed but I wanted to flag that.

**If you would like me to change the below and the draft Policy Communique to align with my two points happy to do that just let me know.**

### Long-Term Care/Seniors' Assisted Living Settings

- **Health care workers (clinical and non-clinical staff):**

- If a health care worker is confirmed to be fully immunized against COVID-19 <sup>s.13</sup>  
s.13 they are not required to wear a mask or eye protection while in patient care areas unless PPE is clinically indicated for individuals on precautions; when indicated based on a point-of-care risk assessment; or when required to protect against the hazards normally encountered at work.

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**Sent:** August 4, 2021 12:09 PM

**To:** Carnegie, Lynn HLTH:EX <[Lynn.Carnegie@gov.bc.ca](mailto:Lynn.Carnegie@gov.bc.ca)>; Jepsen, Donna HLTH:EX <[Donna.Jepsen@gov.bc.ca](mailto:Donna.Jepsen@gov.bc.ca)>;  
Butler, Janice HLTH:EX <[Janice.Butler@gov.bc.ca](mailto:Janice.Butler@gov.bc.ca)>; Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>

**Cc:** Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Hrycuik, Lorie HLTH:EX <[Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)>

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Peter

Peter Pokorny  
Associate Deputy Minister  
Corporate Services  
Ministry of Health  
(778) 698-8046



## Ministry of Health Policy

### Mask Use in Health Care Facilities During the COVID-19 Pandemic

#### Policy Objective

- This policy protects patients, clients, health care workers (clinical and non-clinical) and the public by outlining provincial expectations for the use of face masks in all health care facilities, programs and services, including community physician offices and outpatient clinics during the COVID-19 pandemic.

#### Definitions

- **Medical mask:** A medical grade face mask that meets ASTM International and ISO (or equivalent) performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance, pressure differential, flame spread, skin sensitivity and cytotoxic testing.
- **Must:** A mandatory requirement based on BC Ministry of Health directive.
- **Non-clinical staff:** All health care workers that are *not* providing clinical care including, but not limited to, administrative and office staff, facilities staff, contracted staff and volunteers.

#### Guiding Considerations

1. Masking guidance should be based on current evidence about the known mechanisms of COVID-19 transmission. Specifically, COVID-19 is primarily spread by liquid droplets that come from the mouth and nose when a person coughs, sneezes, and sometimes, when a person talks.
2. Personal Protective Equipment (PPE), including masks, are one part of the hierarchy of infection prevention and exposure control measures for communicable diseases. As such, PPE are supplemental to, and not replacements for other measures on the hierarchy. These other measures include, but are not limited to:
  - a. population-level measures (crowd limits, closures, quarantine/isolation, contact tracing),
  - b. environmental measures (physical distancing, physical barriers, cleaning and disinfection),
  - c. administrative measures (changes in work practices, decreased density), and
  - d. personal measures (staying home when sick, hand hygiene).

## Policy

### Long-Term Care/Seniors' Assisted Living Settings

- **Health care workers (clinical and non-clinical staff):**

- If a health care worker is confirmed to be fully immunized against COVID-19  
s.13

they are not required to wear a mask or eye protection while in patient care areas unless PPE is clinically indicated for individuals on precautions; when indicated based on a point-of-care risk assessment; or when required to protect against the hazards normally encountered at work.

s.13

- Access to additional PPE for health care workers, such as respirators, will be provided in circumstances where, based on a point of care risk assessment, a health care worker determines there is elevated risk of COVID-19 transmission through patient/resident interaction.

- **Visitors:**

- All visitors in a Long-Term Care facility or Seniors' Assisted Living residence **must** wear a medical mask in accordance with the Ministry of Health – Overview of Visitors in Long-Term Care and Seniors' Assisted Living guidance.

### Other Health Care Facilities and Settings where Health Care is Provided

- **Health care workers (clinical and non-clinical staff):**

- All persons working in a clinical unit/setting or patient care area **must** wear a medical mask, including in common areas and break rooms unless eating and/or drinking.
- Access to additional PPE for health care workers, such as respirators, will be provided in circumstances where, based on a point of care risk assessment, a health care worker determines there is elevated risk of COVID-19 transmission through patient/resident interaction.
- All persons working in non-clinical settings **must** follow guidance for mask use in accordance with their workplace Communicable Disease Plan(s) required by WorkSafe BC.

- **Visitors:**

- All visitors **must** wear a medical mask when entering and moving around any health care facility, including clinical and non-clinical areas.
- All persons accompanying a patient in admitting/waiting areas, including Emergency Departments, **must** wear a medical mask.

- **Patients:**

- All patients **must** wear a medical mask when entering and moving around a health care facility, including patient transport, except when requested to remove their mask by a health care professional.
- Admitted patients **must** wear a medical mask when they leave their room.
- Admitted patients will generally **not be required** to wear a medical mask in their rooms, with exceptions based on a health care professional's point of care risk assessment.

### **Implementation**

- All health care facilities **must** develop guidance materials aligned with this Policy to support local implementation.
- In accordance with guidance from BC's Office of the Human Rights Commissioner<sup>1</sup>, exceptions to the Policy need to be applied for people under 12 years old, people unable to wear a mask because of a health condition or physical or mental impairment, people unable to put on or remove a mask without help from another person and/or to accommodate site-specific circumstances (e.g., staff/visitor/patient masking may not be required when eating/drinking at retail food establishments or cafeterias).
- People who are required to wear a mask and are able to wear a mask, but who choose not to as a matter of preference, are not exempt.
- All health care facilities **must** provide medical masks and respirators for health care workers, non-clinical staff, patients and visitors where indicated in this Policy.

---

<sup>1</sup> British Columbia Office of the Human Rights Commissioner. "A human rights approach to mask-wearing during the COVID-19 pandemic". April 23, 2021.

## RE: Mask Use Policy

---

From: Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>  
To: Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>, Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
Cc: Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Jepsen, Donna HLTH:EX <Donna.Jepsen@gov.bc.ca>, Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>, Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>, Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>  
Sent: August 4, 2021 3:03:46 PM PDT

Thanks – all helpful. Rather than making the edits yourself I'll wait for others (CEOs, Unions, etc.) to weigh in and I'll make one sweeping edit tomorrow or Friday morning.

I didn't have the draft Order in front of me...no disagreement with the inconsistencies you've pointed out. I'll get it aligned.

Thanks,  
Peter

---

**From:** Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>  
**Sent:** August 4, 2021 3:01 PM  
**To:** Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>; Armitage, Mark W HLTH:EX <Mark.Armitage@gov.bc.ca>  
**Cc:** Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>; Jepsen, Donna HLTH:EX <Donna.Jepsen@gov.bc.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>; Sagar, Brian HLTH:EX <Brian.Sagar@gov.bc.ca>; Wiman, Holly HLTH:EX <Holly.Wiman@gov.bc.ca>  
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**Importance:** High

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**Sent:** August 4, 2021 12:09 PM

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**Cc:** Sagar, Brian HLTH:EX <[Brian.Sagar@gov.bc.ca](mailto:Brian.Sagar@gov.bc.ca)>; Hrycuik, Lorie HLTH:EX <[Lorie.Hrycuik@gov.bc.ca](mailto:Lorie.Hrycuik@gov.bc.ca)>

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Peter Pokorny  
Associate Deputy Minister  
Corporate Services  
Ministry of Health  
(778) 698-8046

## RE: Important Follow Up - Mask Use in Healthcare Facilities Policy

---

From: Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>  
To: Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>  
Cc: Achampong, Bernard HLTH:EX <Bernard.Achampong@gov.bc.ca>, Will, Meghan HLTH:EX <Meghan.Will@gov.bc.ca>, Smith, Leah M HLTH:EX <Leah.Smith@gov.bc.ca>, Butler, Janice HLTH:EX <Janice.Butler@gov.bc.ca>, Cairns, Leann HLTH:EX <Leann.Cairns@gov.bc.ca>, Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>, Hart, Miles HLTH:EX <Miles.Hart@gov.bc.ca>, Burniston, Stephanie HLTH:EX <Stephanie.Burniston@gov.bc.ca>, Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>  
Sent: August 6, 2021 12:25:31 PM PDT

Hi Kristy,

We do not have an off the shelf Q&A on this that would be applicable to these question and will start compiling answers to questions where we can; it will take us a few days to pull this together.

Here are a my comments in blue:

1. Many questions regarding when, how and by whom will the rapid tests be administered? who will access to the test results and how will employee private health data be stored?  
s.13
2. Also questions regarding the logistics of the tests – i.e. what are they, how do they work and how will they be distributed to HAs and Employers in advance of the policy coming into effect?  
s.13
3. Questions on the timing of the policy coming into effect – same time as the PHO is released? Or will there be an implementation period?  
A3: This is a PHO – Brian Emmerson question 🤔 s.22
4. How will HAs ensure Contractors and sub-contractors are adhering to the Policy and PHO?  
A4: This is a PHO – Brian Emmerson question. The question of enforcement of the PHO Order for mandatory testing of unvaccinated employees came up at the COVID VP meeting today also. Wo if you learn anything on this would you please share with me and I will loop in the COVID VPs.

### Other question for Bernard:

This policy is titled: Mask Use in Health Care Facilities During COVID-19 Pandemic... on page 3 this statement adds  
s.13

s.13

Kind Regards,  
Darlene  
Mobile s.17

---

**From:** Anderson, Kristy HLTH:EX <Kristy.Anderson@gov.bc.ca>  
**Sent:** August 6, 2021 8:40 AM  
**To:** Therrien, Darlene HLTH:EX <Darlene.Therrien@gov.bc.ca>; Diacu, Razvan HLTH:EX <Razvan.Diacu@gov.bc.ca>  
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**Subject:** FW: Important Follow Up - Mask Use in Healthcare Facilities Policy

Hi Darlene and Raz – can you see the comments below<sup>s.13</sup> . I understand you may have documentation/QAs on this already or you do through PHSA – could you please advise what you have that we could use.

Thx

**Kristy Anderson**

Executive Director, Access and Wait Times  
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**From:** Armitage, Mark W HLTH:EX <[Mark.Armitage@gov.bc.ca](mailto:Mark.Armitage@gov.bc.ca)>  
**Sent:** August 6, 2021 7:55 AM  
**To:** Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>; Pokorny, Peter HLTH:EX <[Peter.Pokorny@gov.bc.ca](mailto:Peter.Pokorny@gov.bc.ca)>; Brown, Stephen R HLTH:EX <[Stephen.Brown@gov.bc.ca](mailto:Stephen.Brown@gov.bc.ca)>  
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**Subject:** RE: Important Follow Up - Mask Use in Healthcare Facilities Policy

Bernard,

Thanks for the updated document.

Peter/Steve:

Just a quick summary of the call with the Unions for your conversation with Bonnie and the Minister

- Unions present: HSA, BCNU, CUPE 873, DoBC, Resident Doctors of BC and HEU; BCGEU was invited but I do not believe participated

s.13

- Questions on the timing of the policy coming into effect – same time as the PHO is released? Or will there be an implementation period?
- How will HAs ensure Contractors and sub-contractors are adhering to the Policy and PHO?

Given the questions above, and I'm sure similar ones that will come from the HAs and Employers, I would recommend between HSD and PPH some work be done sorting out the logistics of implementing the policy and PHO and developing some Q&As.

Happy to help as necessary as well.

Thanks,

Mark

W. Mark A. Armitage MPA BSW  
ADM | Health Sector Workforce and Beneficiary Services  
Ministry of Health | 1515 Blanshard St., Victoria, B.C.  
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**From:** Achampong, Bernard HLTH:EX <[Bernard.Achampong@gov.bc.ca](mailto:Bernard.Achampong@gov.bc.ca)>  
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**Subject:** Important Follow Up - Mask Use in Healthcare Facilities Policy

Good evening Peter,

We received some RHA feedback today (as per copy you sent to CEOs for input/feedback) that highlighted the need to update the communique to better align with BC Restart Plan guidance. We have also been doing some work to update IPC guidance and requirements based on review of BC's Restart Plan guidance. As a result, we updated the policy document this (Thursday) afternoon.

See the attached document that shows the highlighted changes or where substantial edits made (highlighted yellow).

For next steps, I can ask Heather to pull the policy document back to us to refine/finalize based on any other feedback if that works.

We have also drafted an information note that outlines IPC requirements for BC health care settings, as guided by the Restart Plan, WorkSafeBC requirements, input from PHO, PHEC, BCCDC Restart Committee and RHA VPs of Pandemic.

We will send this information note with the communique as a package for your review Monday or next early week. We can then walk you through the changes/refinements in a quick briefing as applicable.

Does this work as a next step i.e. pull the note to do final refinements?

Mark- FYI as discussed.

Regards,

Bernard

Bernard Achampong  
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***We respectfully acknowledge that we carry out work on the traditional territories of Indigenous nations throughout British Columbia.***

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**COVID-END**  
COVID-19 Evidence Network  
to support Decision-making  
... in Canada

## Rapid Diagnostic Testing for COVID-19 in a fully vaccinated population

### Rapid systematic review

Date of Literature Search: 6/14/2021

Date of Submission: 6/18/2021

**Prepared By:**

Craig Mitton, Neale Smith, Pardis Lakzadeh, Dan Kim

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**Suggested citation:** *Mitton C, Smith N, Lakzadeh P, Kim D. Rapid Diagnostic Testing for COVID-19 in a fully vaccinated population. Report prepared for the SPOR Evidence Alliance and COVID-END, June 2021.*

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# **Pan-Canadian COVID-19 testing and screening guidance: Technical guidance and implementation plan**

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