



MINISTRY OF HEALTH
POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Healthy Authority CEOs

TRANSMITTAL DATE: May 19, 2020

COMMUNIQUÉ 2020-01
NUMBER:

CLIFF NUMBER: 1158482

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

DETAILS: This document replaces the March 20, 2020 version
of Communique 2020-01.

This document outlines Ministry of Health requirements
for preventing and controlling novel coronavirus
(COVID-19) in health authorities.

Key additions include:

- Updated guidance for Long-Term Care and Seniors Assisted Living settings.
- Updated family and visitor guidance.

EFFECTIVE DATE: May 19, 2020

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Ministry of Health Policy

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

Policy Objective

- This policy protects patients, clients, clinicians, health care workers and the public by outlining provincial expectations for the implementation of infection prevention and control practices to prevent and control COVID-19 in all health authority facilities, programs and services.

Definitions

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

Policy

Personal Protective Equipment

- Health authorities shall implement the **Personal Protection Equipment (PPE) Framework**, as published by the BC Ministry of Health:
<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>.

Acute Care

- Health authorities shall continue to implement existing infection prevention and control guidance for COVID-19 in **Acute Care** settings, as published by the Public Health Agency of Canada (PHAC).
- For your reference, PHAC's updated Acute Care guidance materials are available here: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>.
- Where there is a discrepancy between BC and PHAC guidance for Acute Care settings (e.g., essential visitors), follow the BC guidance.

Long-Term Care & Seniors Assisted Living

- Health authorities shall implement infection prevention and control guidance for COVID-19 in **Long-Term Care and Seniors Assisted Living** settings, as published by the BC Centre for Disease Control (BCCDC):
http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf

Additional Guidance & Resource Materials

- Health authorities shall implement all supplemental infection prevention and control guidance and resource materials for novel coronavirus endorsed by the BC Ministry of Health: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

Family and Visitors

- Health authorities shall continue to restrict visitors to essential visits only.
- Health authority staff will determine if a visit is essential
- Essential visits can include, but are not limited to:
 - Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
 - Visits paramount to the patient/client's physical care and mental well-being, including:
 - Assistance with feeding;
 - Assistance with mobility;
 - Assistance with personal care;
 - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
 - Assistance by designated representatives for persons with disabilities, including provision of emotional support;
 - Visits for supported decision making; and
 - Visits for pediatric care, labour and delivery.
 - Existing registered volunteers providing the services described above.
 - Visits required to move belongings in or out of a client's room.
 - Police, correctional officers and peace officers accompanying a patient/client for security reasons.
- Essential visits can occur with a COVID+ patient or client.
- This family and visitor policy shall be clearly posted on the health authority's main public website.
- This family and visitor policy, and all related expectations, shall be communicated in plain language to visitors prior to arrival or upon arrival at the facility. This information shall be available in English and all languages commonly spoken in the local community.
- Family and visitors not deemed essential who wish to have an immediate review of the decision shall be provided the ability to speak with an administrator or administrator on call
- Family and visitors can request a formal review of a decision through the health authority Patient Care Quality Office (PCQO). If you have already been to the PCQO and are not satisfied, you can request a review of concerns from the Patient Care Quality Review Board contact@patientcarequalityreviewboard.ca 1-866-952-2448

- Orders from the Provincial Health Officer or a Medical Health Officer take precedent over this policy.
- Essential visits shall be limited to one visitor per patient/client within the facility at a time. A visitor who is a child may be accompanied by one parent, guardian or family member.
- All visitors shall be screened for signs and symptoms of illness, including COVID-19, prior to every visit: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>
- Visitors with signs or symptoms of illness, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit.
- Visitors shall be instructed when to perform hand hygiene, respiratory etiquette and safe physical distancing.
- Visitors shall be instructed on how to put on and remove any required PPE when visiting or caring for patients/clients who are on Droplet and Contact precautions. If the visitor is unable to adhere to appropriate precautions, the visitor shall be excluded from visiting.
- Visitors shall go directly to the patient/client they are visiting and exit the facility directly after their visit.
- Virtual visitation is strongly encouraged and should be supported where in-person visitation is not possible.

Surgical/Procedural Masks

- Procedure masks are effective at capturing droplets, the main transmission route of COVID-19. For this reason, procedural masks provide adequate protection for health care workers caring for COVID-19 patients.
- Surgical masks are effective at capturing droplets and providing adequate protection for health care workers but should be conserved for surgical settings or as directed in the PPE allocation framework.
- 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

- 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 continue to actively oversee and manage N95 supplies. This includes implementing 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: An N95 respirator is not required 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 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 must work collaboratively to actively manage inventories of PPE to ensure high risk areas have adequate and appropriate supplies;
- Health authorities must continue to actively oversee and manage PPE supplies. This includes implementing 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 must designate a central, managed location within each facility from which PPE supplies will be stored for distribution to approved departments.
- Health authorities must implement a process to require justification for the amount of PPE inventory needed, for each request.
- Health authorities must implement a process for identifying high risk units and delivering PPE to those units on a priority basis.
- Health authorities must not order excessive amounts of personal protective equipment from the Provincial Health Services Authority Supply Chain as a response to COVID-19.