



MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: Health Authority CEOs

TRANSMITTAL DATE: November 27, 2025

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SUBJECT: Infection Prevention and Control Measures for Preventing Viral Respiratory Illness.

DETAILS: This document outlines updated Ministry of Health requirements for preventing and controlling viral respiratory illnesses, including COVID-19, influenza, and respiratory syncytial virus (RSV).

This document replaces *Policy Communique 2025-03: Infection Prevention and Control Measures for Preventing Viral Respiratory Illness* (March 31, 2025).

EFFECTIVE DATE: Immediately.

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Infection Prevention and Control Measures For Preventing Viral Respiratory Illness

Policy Objective and Scope

- This policy protects health care workers (clinical and non-clinical), patients, residents, clients, visitors, and the public by outlining provincial expectations for the implementation of infection prevention and control measures in health authority operated and contracted facilities, programs, and services, including emergency health services, outpatient clinics and ambulatory care settings.

Definitions

- **Clinical health care workers:** All health care workers (HCW) that are providing direct patient care for the purpose of making a diagnosis and/or providing treatment and/or monitoring. This includes emergency health services workers (i.e., BCEHS/paramedics).
- **Medical mask:** A medical grade face mask that meets American Society for Testing and Materials International (ASTM), International Organization for Standardization (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 health care workers:** All health care workers that are not providing clinical care, including, but not limited to, administrative and office staff, facilities staff, contractors, and volunteers.
- **Patient care area:** Any room or area within a health care setting (including a contracted facility), where patients, residents or clients are actively receiving care. This includes waiting rooms, home and community care locations (including a client's home), and any location where emergency health services are being provided. It does not include locations, such as administrative areas or private offices, which are not generally accessed by patients, residents, or clients, or areas where care is not being provided, such as foyers, hallways, cafeterias, chapels and family rooms.
- **Point-of-Care Risk Assessment (PCRA):** A routine practice that must be conducted by a HCW before every patient/resident/client interaction to assess the likelihood of exposing themselves and/or others to infectious agents and other occupational hazards. The assessment informs the selection of appropriate actions and personal protective equipment (PPE) to minimize the risk of exposure.

- **Respirator:** A medical grade particulate filtering facepiece authorized by Health Canada, which meets minimum performance certification requirements, including for fit testing, filter efficiency, and breathing resistance (e.g., N95 respirator).
- **Should:** A recommended practice to be implemented at the discretion of the organization or the individual.

Guiding Considerations

1. BC's viral respiratory illness (VRI) season takes place each year, typically starting in the fall and ending in the early spring. It is the time of year when higher than average levels of VRIs (e.g., influenza, RSV and COVID-19) are observed across the population. The start and end of the VRI season in BC are declared by the Office of the Provincial Health Officer and are based on current international, national, and provincial surveillance data, health system trends, and other considerations. Preparation for VRI season begins before this declaration.
2. This guidance is based on current evidence about the known mechanisms for transmitting VRIs. VRIs are most often transmitted across a spectrum of large and small respiratory droplets/aerosols expelled when an infected person coughs or sneezes, and when aerosol generating medical procedures (AGMPs) are performed. Multiple factors may influence VRI spread and infection, such as the transmissibility of the virus, relative humidity, ventilation, and being in an enclosed space. Viruses in respiratory droplets can land on the recipient's eyes, nose, or mouth, or are inhaled when close to an infected person. Because microorganisms in droplets can often survive on surfaces, infections can also be spread indirectly when people touch contaminated hands, surfaces, and objects and then touch their mouth, nose, or eyes.¹
3. This guidance is based on established evidence-based infection prevention and control (IPC) measures that are critical for safe patient care and considers the risk of VRI to HCWs, patients, and visitors in all health care settings, including high volume areas, such as Emergency Departments, and specialized units caring for highly vulnerable populations.
4. The use of PPE, including masks, is one part of the hierarchy of infection prevention and exposure control measures for communicable diseases. As such, PPE is supplemental to and not a replacement for other measures on the hierarchy which include, but are not limited to:
 - a. **Elimination measures** that remove the exposure or infection risk at the source (e.g., hand hygiene, immunization, staying

¹ Provincial Infection Control Network of British Columbia. "(Archived) COVID-19: Risk of SARS-CoV-2 Aerosol Transmission in Health- Care Settings". September 27, 2023. <https://picnet.ca/wp-content/uploads/Archived-Aerosol-Transmission-HC-Settings->

- home when ill).
- b. **Substitution measures** that replace the infection risk with a safer alternative (e.g., using safety-engineered devices for injections).
- c. **Engineering/environmental measures** that use physical changes in the work environment to reduce exposure risks (e.g., optimizing indoor ventilation).
- d. **Administrative measures** that change work procedures to reduce the likelihood of exposure (e.g., HCW education and training, screening for risk factors, patient scheduling and flow).

Exceptions

- Where medical masking is required, exceptions **must** be allowed without proof for the following:
 - people under 5 years old,
 - people unable to wear a mask because of a health condition or a physical or mental impairment,
 - people unable to put on or remove a mask without help from another person, and
 - people communicating with someone with a speech or hearing impairment.
- 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.

Policy

1. *All Health Authority Operated and Contracted Health Care Facilities and Settings where Health Care is Provided, including Acute Care, Long-Term Care, Private Hospitals, Standalone Extended Care Hospitals Designated Under the Hospital Act, Seniors' Assisted Living Settings, and Provincial Mental Health Facilities.*

Masking:

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

- As part of routine practices, all persons working in Health Care Facilities and Settings where Health Care is Provided **must** conduct a point-of-care risk assessment² (PCRA) that considers all occupational risks, including potential VRI, and wear a medical mask and other PPE (e.g., respirator) where indicated or as directed by a medical health officer, IPC physician or their designate, or as required by workplace communicable disease safety plans.

² See Point-of-Care Risk Assessment (PCRA), July 2023 - <https://picnet.ca/wp-content/uploads/Point-Of-Care-Risk-Assessment-Tool-2023-July-25-FINAL.pdf> - for a sample tool that can be used and adapted for specific health care settings and/or roles.

- Health care workers **must** wear all required PPE in accordance with local Infection Prevention and Control (IPC) policy when additional precautions (i.e., contact, droplet, airborne) have been initiated for a resident or patient.
- In all other circumstances, health care workers **should** choose to wear a medical mask based on personal preference.
- Access to additional PPE for HCWs, such as respirators, **must** be provided in circumstances where, based on a point of care risk assessment, a HCW determines there is an elevated risk of VRI transmission through patient/resident interaction.

Visitors:

- Visitors **must** wear all required PPE in accordance with local IPC policy, including when additional precautions (i.e., contact, droplet, airborne) have been initiated for a patient/resident.
- In routine circumstances, visitors **should** choose to wear a medical mask based on personal choice.

Patients and Residents:

- Patients and residents **must** wear a medical mask and other PPE when directed by a health care worker during the provision of direct patient care, if medically tolerated. This does not apply to patients/residents unable to wear a medical mask because of a health condition or physical or mental impairment.
- Patients and residents with signs and symptoms of respiratory illness³ **should** wear a medical mask when leaving their room (e.g., during transport) or when in common areas of the facility, if medically tolerated.
- In routine circumstances, patients and residents **should** choose to wear a medical mask based on personal choice.

Hand Hygiene:

- Facility operators **must** have alcohol-based hand rub (ABHR) available at the entrances to facilities and at the point-of-care.
- Facility operators **must** post appropriate signage at facility entrances, in washrooms, and in common areas directing people to clean their hands.
- Health care workers **must** perform rigorous hand hygiene in accordance with the 4 or 5 moments of hand hygiene.

³ For information on signs and symptoms of respiratory illness, see Provincial IPC Guidance for Viral Respiratory Illness in Acute Care and Ambulatory Health Care Settings, January 2025 - <https://picnet.ca/wp-content/uploads/APPROVED-Provincial-IPC-Guidance-for-VRI-in-Acute-and-Ambulatory-Health-care-Settings-Jan-14-2025.pdf>

Immunization:

- Health care workers **must** meet immunization requirements in accordance with Ministry of Health and employer policies, and when directed by a medical health officer.
- Proof of vaccination is **not** required for patients, clients, residents, or visitors.

Enhanced Cleaning and Disinfection:

- All facility operators **must** follow British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All health-care settings and Programs, available at <https://picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf>.

Health Care Worker Illness and Return to Work:

- Health care workers **must** follow provincial guidance on return-to-work and exposure management for VRIs, available at <https://picnet.ca/wp-content/uploads/Provincial-Guidance-RTW-and-Exposure-Management-for-HCW-with-VRI-2023-Oct-20.pdf>. This includes self-monitoring for signs and symptoms of illness prior to work and staying home when sick.

Occupancy Limits and Physical Distancing:

- Unless directed by a medical health officer, IPC physician or their designate, occupancy limits and physical distancing are **not** required as IPC measures in waiting rooms, meeting rooms, or communal areas.
- Facility operators **must** continue to follow all mandated occupancy limits and requirements set out in, for example, local fire regulations.

Implementation

- Appropriate signage must be posted at all health facility entrances to direct all people to self-screen for symptoms of viral respiratory and gastrointestinal illness prior to entry.
- All healthcare employers within the scope of this policy **must** develop guidance materials aligned with this policy to support local implementation and ensure that health care workers are appropriately trained and able to perform a PCRA as part of routine IPC practice.
- All health care employers within the scope of this policy **must** provide medical masks, respirators, and other PPE for HCWs, patients, clients, residents, and visitors, where indicated in this policy.
- Additional measures **may** be implemented or escalated as necessary, in response to local epidemiological conditions.

Resources to Support Policy Implementation:

- [Hierarchy of Controls for infection prevention and exposure measures for communicable diseases.](#)
- [Point-of-care risk assessment tool.](#)
- Provincial viral respiratory illness IPC guidelines for health care settings:
 - [Acute care and ambulatory health care.](#)
 - [Long-term care and assisted living.](#)
 - [Home and community health care.](#)
 - [Primary care practitioners and community-based health care providers.](#)
 - [Community immunization clinics.](#)
- Signage is available on the PICNet [infection control posters](#) webpage:
 - Entrance poster – [All staff & visitors.](#)
 - Entrance poster – [All patients.](#)
 - Hand hygiene poster – [How to clean hands with ABHR or soap and water.](#)
- [Provincial outbreak guidance for viral respiratory illness in acute care settings.](#)
- [Provincial outbreak guidance for viral respiratory illness in long-term care settings.](#)