



## Infection Prevention and Control Guidance on SARS-CoV-2 Variants of Concern

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The following guidance has been updated to align with:

- [BC Ministry of Health Infection Prevention and Control Policy for all Health Authorities](#)
- [BC Ministry of Health Mask Use in Health Care Facilities During the COVID-19 Pandemic Policy](#)

Several SARS-CoV-2 variants of concern (VoC) may be associated with increased transmissibility (e.g., ability to spread the virus more efficiently and rapidly) and increased risk of adverse outcomes (e.g., reinfection, increased disease severity, mortality).<sup>1-5</sup> The evidence is being monitored closely as it continues to evolve.

**Based on recent literature reviews,<sup>1,2</sup> there is no evidence at this time that the modes of transmission of VoC differ from the original (non-variant) SARS-CoV-2.**

Surveillance for COVID-19 VoC in hospitalized patients is ongoing. While this surveillance informs public health, patient management and infection prevention and control (IPC) measures, this document focuses on IPC measures only.

Recommendations for IPC measures in health-care settings remain unchanged. Due to the potential for transmission and adverse outcomes, IPC measures must continue to be **strictly followed and reinforced**.

In B.C., most positive COVID-19 tests are screened to see if they are caused by variants. However, as these become more prevalent and dominant, monitoring of VoCs will be based on a comprehensive surveillance strategy instead of testing all COVID-19 positive cases (see the BC Centre for Disease Control's COVID-19 variants [webpage](#)<sup>6</sup> for more information).

Therefore, diligent IPC practices at all times and for all patients regardless of their COVID-19 and VoC status remain essential for preventing transmission.<sup>2</sup> Based on local epidemiology, additional IPC measures (e.g., contact tracing, outbreak management, additional personal protective equipment) may be required by IPC teams, workplace health and safety teams and/or medical health officers.



### Follow IPC and Public Health Measures

- Continue to implement IPC and public health measures to help all individuals stay healthy and to prevent SARS-CoV-2 transmission.<sup>7</sup>
- Post appropriate signage and posters for health-care settings, such as the [entrance poster for health-care settings](#).<sup>8</sup>
- Follow the appropriate IPC guidance for your sector or setting. Please see the BCCDC's [infection control webpage](#) for current IPC guidance documents.

### COVID-19 Immunization

- [B.C.'s COVID-19 immunization plan](#)<sup>10</sup> outlines the Province's approach to support all eligible British Columbians in being immunized against COVID-19 across the province.
- Eligible individuals are strongly encouraged to get a full series of WHO-approved COVID-19 vaccine.<sup>11</sup>
- Health-care workers (HCWs) and health-care settings are required to follow all applicable [public health orders](#) for their sector.
- The current vaccines approved for use in Canada protect individuals from developing severe COVID-19 illness, including those caused by a VoC.<sup>6</sup> Scientists are studying the relationship between current vaccines and VoCs very closely.
- COVID-19 vaccines are saving lives. Vaccines do more than protect the individuals getting immunized, they also protect everyone around them. The more people in a community who are immunized and protected from COVID-19, the harder it is for COVID-19 to spread.
- For more information on COVID-19 vaccines, visit the BCCDC's [website](#).<sup>12</sup>

### Appropriate Use of Personal Protective Equipment (PPE)

- HCWs are required to wear medical masks in health-care settings as outlined in the provincial policy on [mask use in health-care facilities during the COVID-19 pandemic](#).<sup>13</sup>
- Performing [point-of-care risk assessments \(PCRAs\)](#)<sup>14</sup> will assist HCWs to determine if additional measures are required (e.g., N95 respirators for [aerosol generating medical procedures \(AGMPs\)](#)<sup>15</sup>).

### Ongoing Support and IPC Education for HCWs

- Continuous education and monitoring of practices help reinforce IPC best practices, including:
  - Proper donning and doffing of PPE (e.g., see [COVID-19 PPE: IPC Audit Tool](#)<sup>16</sup>);
  - Hand hygiene compliance;
  - Conducting PCRAs, screening patients for COVID-19 risk and other infectious organisms before providing care (see the [COVID-19 patient screening tool for direct care interactions](#)<sup>17</sup> and [point of care risk assessment tool](#));
  - Prompt initiation of additional precautions for people who have suspected or confirmed COVID-19 illness or other diseases and conditions as per IPC guidelines;
  - Cleaning and disinfection of environmental surfaces, items and shared equipment.



- Continue screening processes for visitors at health-care facility entrances and HCWs before each shift to reduce the risk of COVID-19 transmission in the facility:
  - [COVID-19 entrance screening tool for health-care facilities](#)<sup>18</sup>
  - [COVID-19 health-care worker self-check and safety checklist](#)<sup>19</sup>
- Support visitor and patient medical mask use as outlined in the provincial policy on [mask use in health-care facilities during the COVID-19 pandemic](#).<sup>13</sup>
  - Unless they have certain medical conditions that prohibit them from doing so, patients must wear a medical mask when entering and moving around a health-care facility, especially in common shared spaces (e.g., hallways) and when they leave their bed space and/or room.
  - Consider training and implementing safety coaches (e.g., individuals trained by IPC and/or workplace health and safety professionals) to ensure IPC practices are understood and implemented in high risk areas<sup>2</sup> (e.g., emergency departments, COVID-19 cohorts, intensive care units).

### Ventilation

- Heating, ventilation and air conditioning systems are properly installed and regularly inspected and maintained<sup>20</sup> in compliance with special requirements for heating, ventilation and air-conditioning (HVAC) systems in health-care facilities (CSA Z317.2-19<sup>21</sup>) or other regulatory standards depending on the type of facility.
- Information on optimizing ventilation in the context of COVID-19 is available from [ventilation resources on the BCCDC infection control webpage](#).<sup>22</sup> When adjustments are needed, consultation with HVAC specialists is recommended.
- When providing care in home settings, refer to the provincial [COVID-19 infection prevention and control guidance for home and community health-care](#).<sup>23</sup>

### Patient Placement

- A private room is preferred for patients with confirmed or suspected COVID-19 illness, regardless of whether they are infected with a VoC or not.
- Where a private room is unavailable, patients confirmed to have COVID-19 may be cohorted in the same room regardless of VoC status. There is currently insufficient evidence on co-infection to require placing patients in the same room based on the VoC.
- Perform AGMPs for patients with COVID-19 in an airborne infection isolation room if available. If not, perform the procedure in a private room with doors closed. Consult IPC teams as needed.
  - When providing care in home settings, refer to follow the provincial [COVID-19 infection prevention and control guidance for home and community health-care](#).<sup>23</sup>

### Acknowledgement

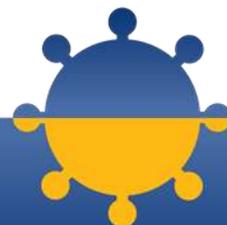
This document was developed by the Provincial Infection Control Network of B.C. in consultation with the IPC/Workplace Health and Safety Provincial COVID-19 Task Group.



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