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

April 16, 2021

Several SARS-CoV-2 variants of concern (VOC) may be associated with increased transmissibility (ability to spread the virus more efficiently and rapidly) and increased risk of adverse outcomes (e.g., reinfection, increased disease severity, mortality).\(^1\)\(^-\)\(^5\) Evidence continues to evolve and is monitored closely; more studies are needed to confirm the impact of VOC. Based on recent reviews of literature\(^1\)\(^,\)\(^2\), at this time there is no evidence 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; however, due to the increased potential of transmission and adverse outcomes, IPC measures must be strictly followed and reinforced. In B.C., most positive COVID-19 tests are screened to see if they are caused by variants, but as these become more prevalent and dominant, monitoring of VOCs will be based on a comprehensive surveillance strategy, instead of testing of all COVID-19 positive cases (see the BC Centre for Disease Control’s COVID-19 variants webpage\(^6\) for more information). Therefore, diligence with IPC practices for all patients at all times, regardless of their COVID-19 and VOC status, remain essential and are of increasing importance in preventing transmission.\(^7\) Based on local epidemiology, additional recommendations (e.g., contact tracing, outbreak management) for IPC measures may be implemented by IPC teams and medical health officers.

Key IPC measures include:

**Appropriate use of personal protective equipment (PPE)**

- Health-care workers (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].\(^7\)
- HCWs should wear eye protection for all patient interactions when they are within two metres of patients.\(^8\)\(^,\)\(^9\)
- Performing [point-of-care risk assessments (PCRA)]\(^10\) will help HCWs determine if additional measures are required (e.g., N95 respirators for [aerosol generating medical procedures (AGMPs)]\(^11\)).

**Ongoing support and IPC education for HCWs**

- Continuous education and monitoring of practices (e.g., see [COVID-19 PPE: IPC Audit Tool]\(^12\), hand hygiene compliance) to help reinforce IPC best practices including:
  - Proper donning and doffing of PPE
  - Hand hygiene
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)\(^\text{13}\) 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 disinfecting 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\(^\text{14}\)
  - COVID-19 Health-Care Worker Self-Check and Safety Checklist\(^\text{15}\)

- 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.\(^\text{7}\)
  - 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\(^\text{2}\) (e.g., emergency departments, COVID-19 cohorts, intensive care units).
  - Pay particular attention to spaces where staff gather to eat and drink (e.g., break rooms)\(^\text{2}\):
    - Physical spaces must allow for physical distancing to be maintained. Follow locally established guidance about the maximum occupancy for each shared space.
    - When not eating or drinking, masks are worn according to the provincial policy on Mask Use in Health Care Facilities During the COVID-19 Pandemic.\(^\text{7}\)
    - Re-usable PPE are cleaned and disinfected and appropriately stored before eating or drinking. Do not place them in the same location as food and drinks.

Ventilation

- Heating, ventilation and air conditioning systems are properly installed and regularly inspected and maintained\(^\text{8}\) in compliance with special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health-care facilities (CSA Z317.2-19\(^\text{16}\)) or other regulatory standards depending on the type of facility.
- When providing care in home settings, refer to the provincial COVID-19 Infection Prevention and Control: Guidance for Home and Community Health-Care\(^\text{17}\)

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 placed 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.
  
  o When providing care in home settings, refer to follow the provincial COVID-19 Infection Prevention and Control: Guidance for Home and Community Health-Care.

Follow public health measures within and beyond health-care facilities

• Continue to implement public health measures to help all individuals to stay healthy and prevent SARS-CoV-2 transmission.
• For health-care settings please refer to the entrance poster. For community settings, please refer to the stop the spread of COVID-19 and reduce the spread of COVID-19 while travelling with people outside your household posters.

COVID-19 Vaccines

• B.C.’s COVID-19 Immunization Plan outlines the province’s approach to supporting all eligible British Columbians to be immunized and is being implemented across communities.
• Individuals are encouraged to get the COVID-19 vaccine once they are eligible to receive it.
• The current vaccines approved for use in Canada are still expected to protect individuals from developing severe COVID-19 illness, including one caused by VOC. Scientists are studying the relationship between current vaccines and the new VOC very closely.
• The 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.

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.

References


2. Ontario Agency for Health Protection and Promotion (Public Health Ontario) Provincial Infectious Diseases


