Continuous Mask Guideline Talking Points and FAQs

Talking points for staff to use with patients/residents:

- Staff and physicians who work in clinical care areas where there will be direct or indirect contact with patients/residents/clients will be required to wear a mask at all times starting April 14, 2020. This is to protect everyone from exposure to, and spread of COVID-19.
- When you are in your room, you have enough distance and space around you to keep you protected and your care staff will already be wearing a mask, so you do not need to wear one.
- If you are in a waiting area or you need to go for a test/procedure and you have respiratory symptoms, we may ask you to put on a mask to protect others.
- We are trying to limit the number of people walking around the unit/facility so please use your call bell or speak to a member of your care team if you need assistance.

Information for Staff about Mask Use

- Please review the Continuous and Extended personal protective equipment (PPE) Use Guidelines for detailed information
- Questions related to the PPE requirements may be directed to your manager or supervisor. If your manager or supervisor are not able to resolve your question, they will consult with the appropriate infection prevention and control practitioner.

Staff and physicians working in clinical care areas:

- Only staff and physicians providing essential services (clinical or support) should be entering clinical care areas.
- Staff and physicians will either be given a mask at the beginning of their shift when they enter the facility as part of the screening process, or from the unit/facility manager, supervisor or designate.
- Staff and physicians should wear a mask throughout their shift while in clinical care areas.
- Masks can be used for multiple patient/resident interactions including patients on Droplet-Contact Plus precautions (see instructions for Droplet-Contact Plus rooms below).
- Masks need to be changed when wet, damaged or soiled. Discard when taking scheduled breaks and at the end of the shift.

Staff and physicians that do not work in clinical care areas:

- Staff and physicians working outside clinical care areas may consider working from home as per the SHA remote work process. Those who are required on site should practice physical distancing (keeping a distance of approximately 2 metres from others) and proper hand hygiene
- The use of personal non-medical masks (e.g. cloth) has not been approved for the health care setting at this time, but is currently being reviewed and further direction may be forthcoming.

Entering the room of a patient on Droplet-Contact Plus precautions:

- Staff and physicians should NOT remove their mask prior to entering the room.
- Additional PPE should be put on (gown, gloves, eye protection) prior to entering.
- When leaving the room,
  - gown and gloves should be removed;
  - Keep mask on (unless wet, damaged or soiled);
  - Keep eye protection on if staff or physician will be entering rooms of additional patients on Droplet-Contact Plus precautions; and
  - Discard/clean eye protection and perform hand hygiene after all Droplet-Contact Plus patient interactions have been completed.

Entering the room of a patient on Droplet-Contact Plus precautions where Aerosol-Generating Medical Procedure (AGMP) is being/has been performed:

- Staff and physicians should remove and discard their mask prior to entering the room
- Staff and physicians should put on the required personal protective equipment (gown, gloves, eye protection N95 respirator)
- When leaving the room, the gown and gloves should be removed
- If the staff or physician will be entering rooms of additional patients on Droplet-Contact Plus precautions where AGMP is being/has been performed prior to leaving the clinical area, the N95 respirator and eye protection should be left on
- The N95 respirator and eye protection should be discarded and hand hygiene performed only after all interactions with patients requiring an AGMP have been completed.

What to know about wearing masks for extended periods of time:

- Avoid touching the mask while wearing it.
- Remove the mask using the appropriate technique; do not touch the front of the mask.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Do not pull the mask off and put around your chin, neck or forehead, as this will increase the risk of self contamination.
- Make sure the mask is covering both your mouth and your nose.

Frequently Asked Questions

1) Why is the SHA implementing this change?

These enhanced measures, in combination with existing infection prevention and control measures (i.e. physical distancing, point of care risk assessment (PCRA), hand hygiene, environmental cleaning/disinfection, etc.) are guided by the following principles:

1) Prevention of transmission from staff and/or physicians who may be asymptomatic or mildly symptomatic carriers of the virus to our most vulnerable population (i.e. patients/residents/clients).
2) Prevention of transmission from patients/residents/clients who may be asymptomatic or mildly symptomatic carriers of the virus to staff and/or physicians.
3) Conservation of PPE needed by our healthcare providers that enable them to safely practice according to the above principles.

2) Who needs to wear a mask?

Applying the key principle of protecting our most vulnerable population, only those working in a clinical area/facility where there will be direct or indirect contact with patients/residents/clients will be required to wear a mask at all times.

3) How do I properly wear a procedure mask?

Generally, there are three things you should look for to ensure your mask fits correctly:

1) The aluminum nose piece is at the top.
2) The white (or smoothest side) is on the inside against the wearer's skin – the colour always faces out
3) The pleats fall downwards and away from the nose (called a "waterfall" pleat)

This is a video to demonstrate proper donning and doffing of an ear loop mask
https://www.youtube.com/watch?v=qx4tpwnSrbk&feature=youtu.be

4) Do I need to wear mask if I don't work in a clinical area/facility (e.g. administrative, support or corporate staff with no direct or indirect patient/resident/client interaction)?

Staff and physicians who do not work in clinical care areas/facilities should continue to practice physical distancing and proper hand hygiene while traveling to, and when working within their work spaces, but would not be required to wear a mask.

EXCEPTION: Those providing staff and/or visitor screening or similar activities outside of a "clinical" area may need to wear a mask (if partition or ability to maintain 2 metre distancing is not possible). This is due to the possibility that they may have direct or indirect contact with someone arriving to work or visiting for compassionate reasons that may be sick (Principle 2: Protection of staff from transmission by other staff and/or visitors)

5) What do I do if I work in a clinical area for part of my shift, but in a non-clinical area for the rest (e.g. lab, pharmacy, environmental services, therapy, maintenance, nutrition and food services, etc)?

For intermittent users (i.e. those moving between clinical and non-clinical spaces), efforts should be made to organize activities to limit repeated exposures on the units/facility, but once a mask has been donned for the initial interaction of the shift, the continuous and extended use guidelines would apply (i.e. change only when wet, damaged or soiled, when going on a scheduled break and at end of shift) in an effort to conserve PPE (Principle 3)

6) Do I need to wear my mask in a clinical care area/facility when there are no patients or clients currently in the space (e.g. Prior to clients arriving at a testing/assessment site for the day, between immunization appointments, etc.)?

Efforts should be made to organize activities to limit repeated exposures on the units/facility (e.g. batch appointments when possible), but once a mask has been donned for the initial interaction of the shift, the continuous and extended use guidelines would apply (i.e. change only when wet, damaged or soiled, when going on a scheduled break and at end of shift) in an effort to conserve PPE (Principle 3)

7) Do I need to wear a mask while in non-clinical common areas (e.g. hallways, lobbies, cafeterias, etc.)?

No. While efforts should be made to maintain physical distancing while in common areas, short duration interactions without a mask, such as passing someone in the hall, would not be considered an exposure. It is important to note, however, that there may be other staff in these areas who are wearing masks due to requirements of their specific role, and as per extended mask use guidelines (e.g. nursing staff walking through the hall between units).

8) Where/when will I be provided with a mask?

Staff and physicians who self-identity as working in a clinical care area/facility can be provided with a procedure mask at the start of their shift as part of the daily HCW screening process. Alternatively, managers, supervisors or another designated point person in the unit/facility will have access to a supply of masks that can be provided when new masks are necessary.

9) When should I change my mask?

Masks need to be changed when wet, damaged or soiled. Discard when taking scheduled breaks and at the end of the shift.

10) How can I hydrate safely while wearing a mask?

Efforts should be made to take hydration breaks during regularly scheduled breaks in an effort to conserve PPE use. Masks must be discarded and replaced once removed.

11) Do I need to change my mask if I go into a room with someone on Droplet-Contact Plus precautions (or rooms of patients/residents on other Additional Precautions)? No. You can continue to wear the same mask between patients/residents/clients. Gowns and gloves should be removed and changed between patients. Eye protection and masks should continue to be worn. The eye protection can be cleaned/discarded after all interactions with patients on Droplet-Contact Plus precautions are completed.

12) Is wearing a mask mandatory?

Wearing the procedure mask while in clinical care areas/facilities is required.

13) What do I do if my mask gets wet, damaged or soiled?

Speak to your manager, the supervisor or point person on your unit/facility to receive a replacement.

14) Can I bring in my own non-medical mask (i.e. cloth) to wear in the non-clinical areas if I want?

The use of personal non-medical masks (e.g. cloth) has not been approved at this time for use in our healthcare settings, but is currently being reviewed and further direction may be forthcoming.

15) What do I do if I experience allergies, skin integrity, or other issues impacting my ability to wear a mask for an extended period of time?

Please report these issues to your manager and work through the existing processes for seeking guidance from OH&S/Employee Health and/or the accommodations process.

16) What do I do with the mask when I take my breaks? Can I save it and re-use it after?

Properly remove the mask, discard, perform hand hygiene and put on a new one when you return from your break. The re-use of masks is <u>NOT</u> encouraged at this time due to the risk of self-contamination if the process of safely doffing, storing, and re-donning is not followed carefully. Should this direction change in the future, appropriate training materials related to safe mask re-use will be provided.

17) I thought we had a shortage of PPE – why are we recommending more masking?

We do have a limited supply of PPE. Unless we all work together and use PPE appropriately, we may experience shortages. Although we are asking all staff and physicians to mask, we are asking the mask use to be for extended periods. When assessing our supply numbers, this change in practice does not result in an increase in our PPE usage. Some health-care providers were already wearing masks at all times, including outside of clinical areas (where they are not necessary) and in some cases were changing their masks many times per day. We believe strongly that the implementation of these guidelines will address unnecessary mask use and the frequent discarding of masks. As of today we have an adequate supply of masks to support this process change. We will continue to monitor our numbers and make changes as necessary to preserve this resource.

18) Why are we not giving masks to patients (in waiting areas or when transported to tests/procedures) or residents in our LTC facilities?

Patients are screened upon admission and once in hospital are regularly assessed for symptoms and fever. **Those that are symptomatic will be provided with a mask to wear (if they can tolerate) according to previous practices**. We are asking patients to stay in their rooms as much as possible. Residents of our LTC facilities are also routinely monitored for symptoms of influenza like illness (ILI) and would be isolated in their room if symptoms developed. Masking staff and physicians is our best opportunity to protect all who receive service (and health care workforce) as staff and physicians may interact with multiple patients and coworkers in different areas within the facility. For now, these guidelines will be applicable to staff and physicians, while continually monitoring the impact on our PPE supply.