

BACKGROUND: As the COVID Pandemic moves forward in our community, we are reaching a point where community transmission is becoming more of a concern. As a result, PRH is recommending the enhanced use of masks for all Health care workers to support protection from respiratory droplet spread. Of course, the first rule to avoiding contamination with respiratory droplets is to remain 6 feet apart, and this physical separation should be practiced whenever possible.

The purpose of the mask is to contain the droplets that are normally expelled through our mouths and noses when breathing and speaking. So, by wearing a mask, you are protecting others that are within 6 feet of you. People around you who wear masks are protecting you. While the mask assists in protecting the mucous membranes of your mouth and nose, it is not the same as what is required for DROPLET precautions.

Broader but controlled use of procedure masks for staff, physicians, patients and others on site will also help to reduce overconsumption of PPE and preserve our stocks for protection over time as we progress through this pandemic. This direction is to be used only for the period that we are facing a pandemic situation with shortages of personal protective equipment. Every effort has been made to provide clear guidelines, but this direction is provided in a highly volatile situation and is expected to require further detail or may change as the situation adjusts. We are working in a quickly evolving situation. Please be patient during this time.

I. GENERAL GUIDELINES

1. Staff who are interacting with patients but are behind a plexiglass barrier will not be required to wear a mask but must continue to perform hand hygiene appropriately.
2. Anyone entering the Hospital will be provided with a mask upon arrival from the screening station.
3. Hand hygiene must be performed before putting hands near the face, including when planning to remove a mask. If a mask is being removed, hand hygiene must take place again after the mask is removed.
4. The procedure mask should be used for a four-hour period and does not need to be changed unless it is soiled, damaged or hard to breathe through.
5. Masks must never be worn around the neck or looped over one ear. It must be worn properly, covering the nose and mouth of the wearer at all times.
6. Do not write on the mask or otherwise deface the surface as it may interfere with its integrity or functioning.
7. It is most important that the front of the mask is NOT touched at any time while in use or while in reserve (on breaks etc).
8. A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction. If a worker determines, based on the PCRA, and based on professional and clinical judgment, that health and safety measures may be required in the delivery of care to the patient, the worker will have access to the appropriate health and safety control measures (including an N95 respirator).

9. At a minimum, contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns and surgical/ procedure masks.

II. I Universal Masking

A. Physicians

Physicians will be provided masks upon arrival to the Hospital. They will follow the same process that other staff do to retain their masks as long as possible (with a general guideline of changing the mask after 4 hours of use). A second mask can be collected from any clinical department.

B. All workers that interact with patients (other than direct care providers on a COVID dedicated unit or high risk unit)

1. Sufficient procedure masks to allow one mask for each 4 hours of work will be provided for all healthcare workers that interact with patients or enter patient areas for any reason (e.g. EVS, Dietary).
2. The mask should be put on and left in place for an extended period (4 or more hours) before being replaced. It may be kept in place for repeated close encounters with several different patients.
3. For situations requiring Droplet/Contact precautions, there are three options as follows:
 - i. **FACE SHIELD:** Where possible, a face shield should be applied over the mask, prior to entering the Droplet/Contact precautions setting. As well, a gown and gloves should be put on. Upon leaving an area in which droplet/contact precautions were in place, gloves and gown should be removed, hands cleaned, and then the face shield would be removed, and hand hygiene performed again. The procedure mask should remain in place.
 - ii. **MASK WITH VISOR:** Where a face shield is not available, the worker may remove their personal procedure mask and discard. The individual would then don a mask with visor for the droplet and contact precautions encounter. Once the encounter is complete, the mask with visor will be removed and discarded and a new personal mask put back on.
 - iii. **GOGGLES:** In this case, the personal mask would remain in place, the goggles put on for eye protection, and of course the gown and gloves would be donned as usual. When complete, the goggles are removed from the face with clean hands, and they are cleaned according to standard work. The goggles are kept by the individual for subsequent use. The personal procedure mask will remain in place, with care not to touch it until it is changed after 4 hours.

C. Areas dedicated to COVID patients (e.g. 2A, ED, ICU, DI)

Areas that are expected to have many patients on droplet and contact precautions must be treated slightly differently to reduce overconsumption of the mask with eye protection. Therefore, in COVID dedicated areas, the workers who are regularly and repeatedly in a patient room requiring droplet precautions will be provided a mask and eye protection (face shield or goggles) or a mask with visor for extended use. The mask with eye protection or procedure mask with visor must also be used in an extended fashion to reduce excessive waste.

1. Sufficient procedure masks or mask with visor, to allow one for each 4 hours of work will be provided for all healthcare workers that *regularly and repeatedly* enter patient rooms on droplet and contact precautions. Eye protection (face shield or goggles) can be worn for the duration of the shift. Standard work for doffing, cleaning and storing the eye protection (if removed for any reason) must be followed.
2. The procedure mask or mask with visor should be put on and left in place for an extended period (4 or more hours) before being replaced. It may be kept in place for repeated close encounters with several different patients whether or not droplet and contact precautions are present.
3. For other staff on these units, sufficient procedure masks to allow one mask for each 4 hours of work will be provided.
4. When on a break or eating lunch, the procedure mask can be removed and discarded. A new procedure mask or mask with visor should be put on approximately every 4 hours. Don your personal eye protection when returning from break.
5. Do not adjust or touch the mask or eye protection while it is on your face as it will be considered highly contaminated in this environment.

D. OTHER unique situations

1. **Some staff or Physicians** move from unit to unit (eg. Respiratory therapists, lab, Physicians), these individuals will be provided with a surgical/ procedure mask and dedicated eye protection (goggles or face shields). When possible, these individuals are recommended to cluster their care/ services to reduce movement between clinical departments. When leaving a COVID dedicated department, procedure masks must be removed and discarded and a new procedure mask applied for extended use before entry onto a non-COVID dedicated department or common area.
2. **Dietary:** Dietary staff who serve trays to many patient rooms will be expected to use one mask for the delivery of all trays, and the same mask retained for the collection of all trays for any meal.

E. Transition to Airborne Precautions during Universal Masking

When a Healthcare worker must go into a situation requiring airborne precautions for aerosol generating medical procedures (AGMP), the personal procedure mask or mask with visor must be removed.

1. The personal mask will be discarded when removed.
2. The N95 respirator must be removed and discarded when the airborne precautions encounter is complete, and a new personal procedure mask returned to the face, or a new mask /mask with visor put on.
3. To help reduce overuse of N95 respirators, staff who must go into several situations requiring airborne precautions, should organize their work so that this can be done sequentially.

Please note: Extended use of N95 respirators is not recommended after performing an aerosol generating medical procedure.

III.

E. All staff and Physicians working in the hospital setting:

1. Individuals whose function must be performed in the hospital (rather than from home or another setting) may receive allocation of one (1) procedure mask to be worn in all common spaces.
2. The mask must be worn upon arrival to The Hospital and in all common spaces (ie. Corridors, stairwells, etc.)
3. For departments that are supported for limited re-use, the procedure mask can be removed when in a private location and after performing hand hygiene . The mask must be safely stored for limited re-use And must be discarded at the end of the day.

F. All patients, essential visitors and contractors entering the Hospital:

1. All patients, essential visitors and contractors who enter the Hospital will be asked to wear a mask upon arrival:
 - Symptomatic patients who do not pass the screening and require treatment or assessment will be provided with a procedure/ surgical mask.
 - Asymptomatic patients and essential visitors may use their own non-medical (e.g. cloth) or medical masks
 - Masks should not be used for children under 2 years of age; people with difficulty breathing, who are unconscious or incapacitated, or who cannot remove a mask on their own
 - Patients and visitors who do not have their own mask will be provided with one on entry to the Hospital
 - Staff must ensure that masks are donned properly by patients and essential visitors on entry and worn for the duration of their time in the Hospital.

G. Admitted Patients

All inpatients patients circulating outside of their room, must wear a mask in a manner that covers their nose, mouth and chin unless they meet the exceptions listed below:

a) individuals with medical conditions rendering them unable to safely wear a mask, including breathing difficulties or cognitive difficulties;

b) Individuals who are unable to apply or remove a mask without assistance, including those who are accommodated under the Accessibility for Ontarians with Disabilities Act (AODA) or who have protections under the Ontario Human Rights Code, R.S.O. 1900, c.H.19, as amended.

- Ideally masks should be discarded once removed, but if supplies are limited, these may be re-used as long as they are stored safely and are not visibly soiled, wet or otherwise damaged. The re-use of masks does not apply to Health care providers or for patients who are on additional precautions (ie. Droplet).
- The mask is to be donned by the patient when exiting their room and can be removed when they have returned to their room.
- Hand hygiene is to be performed before donning and doffing when handling masks.

Adapted from:

Queensway Carleton Hospital: Universal masking, version 2 (March 28th, 2020).

The Ottawa Hospital: Inpatient Patient Masking Policy