

ARCHIVED DOCUMENT

This archived content is being made available for historical research and reference purposes only. The content is no longer being updated and it may not reflect current evidence or guidance.

Coronavirus Disease 2019 (COVID-19)

(ARCHIVED) Universal Mask Use in Health Care

Universal masking means wearing a mask at all times. Medical masks (surgical or procedure) can be worn as source control (to protect others) or as personal protective equipment (to protect the wearer). Universal masking is one of many control measures that work together to prevent the spread of infection. Other measures include vaccination, screening, ventilation, hand hygiene, physical distancing and environmental cleaning.

Universal masking versus personal protective equipment (PPE)

- Universal masking is **used to protect others from the wearer** by containing respiratory particles at the source (source control). When everyone wears a mask, everyone is protected.
- PPE is equipment and clothing (including, but not limited to masks) worn to minimize exposure to hazards and prevent illnesses and infection to the worker. **It is used to help protect the wearer from others.**

Guiding principles of universal masking

- Masks are to be discarded if visibly soiled, damp, damaged or difficult to breathe through, and after removal.
- After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.
- Persons wearing a mask must also practice physical distancing of at least two metres (six feet).



Guiding principles of masks as part of PPE

- To be worn along with eye protection, gown and gloves when providing direct care to someone with an infectious respiratory infection (e.g., someone on Droplet and Contact Precautions).
- When using masks as PPE, all PPE, including masks, is to be removed in a safe manner upon leaving the patient's/resident's environment.
- PPE type (medical mask or fit tested N95 respirator) is dependent on the risk assessment and/or specified precautions, requirements or recommendations.



Extended use and re-use of masks for universal masking

- A single mask for source control may be worn for an extended period (e.g., donned at the beginning of the shift, and continued to be worn) as long as it is not manipulated or removed, visibly soiled, damp, damaged or difficult to breathe through.
- Extended use of PPE should only be considered in consultation with your IPAC professional and/or the outbreak management team in order to mitigate the risk of transmission that may occur with extended use.
- If a mask must be re-used, keep it from being contaminated by carefully storing it in a clean paper bag, or in a cleanable container with a lid. This is preferable to placing a used mask on an open surface or paper towel.
- Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual's name to prevent accidental misuse.

Always remember

- Clean your hands before putting on your mask, after touching your mask, and after discarding your mask.
- Do not store masks in your pocket or other area (e.g., table) where they can become damaged or contaminated. Damage can impact the mask's effectiveness.
- Change your mask when it is wet or soiled or hard to breathe through. Change your mask when it becomes contaminated (e.g., if someone coughs on you).
- When using masks as PPE for Droplet and Contact precautions, they are to be discarded upon leaving the patient/resident environment.
- Masks alone do not protect all of the mucous membranes of the face of the wearer (i.e., the eyes) and are not considered adequate PPE on their own.

Learn about the virus

To learn more and access up-to-date information on COVID-19, visit the Ontario Ministry of Health's website: ontario.ca/coronavirus.

The information in this document is current as of March 25, 2022
Archived: December 2023