Universal Mask Use in Health Care

Universal masking has been instituted in long-term care homes in Ontario. Medical masks (surgical or procedure) (herein referred to as masks) can function as source control (being worn to protect others) or as personal protective equipment (to protect the wearer).

When wearing a mask to protect others, the wearer should still practice physical distancing to protect themselves.

Universal masking versus personal protective equipment (PPE)

- Universal masking means wearing a mask at all times.
- Masks used as part of universal masking are used to protect others from the wearer.
- Personal protective equipment, commonly referred to as "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 with extended use

- Masks are worn to protect others from potential infectious secretions of the wearer.
- Persons wearing a mask must also ensure physical distancing of at least two metres (six feet) to prevent exposing themselves to droplets from others.
- 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.

Guiding principles of masks as part of PPE

- To be worn along with eye protection when within two metres (six feet) of someone who is suspected or confirmed to have COVID-19.
- To be used with gloves and a gown if touching someone, or in the environment of someone on Droplet and Contact Precautions.
- When using masks as PPE for Droplet/Contact precautions, all PPE, including masks, is to be removed in a safe manner upon leaving the patient's/resident's environment.
Extended use and re-use of masks for universal masking

- As part of conservation strategies, a single mask 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.

- Under extreme supply shortages, 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 a paper towel while eating or drinking.

- 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 to clean your hands before putting on your mask, after touching your mask, and after discarding your mask.

Always remember

- 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.

- Hand hygiene is to be performed before putting on and after removing or otherwise handling masks.

- 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/Contact precautions, they are to be discarded upon leaving the patient/resident environment.

The information in this document is current as of February 23, 2021

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