

FOCUS ON

Universal Mask Use in Health Care Settings and Retirement Homes

April 20, 2020

Introduction

Universal masking has been instituted in long-term care facilities in Ontario. Surgical masks (herein referred to as masks) can function either as source control (being worn to protect others) or part of personal protective equipment (to protect the wearer). Wearing a mask is not a substitute for physical distancing as it may not provide adequate protection to the wearer. We outline different scenarios that apply to healthcare workers consistently wearing masks while at work.

Principles of Universal Masking

When universal mask use by staff is indicated as a means of source control, this involves the use of a mask by all staff and visitors, at all times. To facilitate judicious and effective use of masks as part of source control, the following are recommended as best practices:

- Persons wearing only a mask must also practice physical distancing, maintaining at least two metres (six feet) of separation from patients, residents and other staff to prevent exposing themselves to droplets from others.
- Under extreme supply limitations, a single mask may be worn for an extended period (e.g., donned or put on at the beginning of the shift, and continued to be worn) as long as not visibly soiled, damp, damaged or difficult to breathe through.
- The mask is to be donned when entering the facility/home and removed when eating or leaving the facility/home at the end of the shift/day.
- Ideally, masks should be discarded once removed, but if supplies are limited, these may be re-used as long as they are not visibly soiled, wet or otherwise damaged.
- After use, masks are to be handled in a manner that minimizes the potential for cross-contamination.
- If a mask is to be re-used, keep it from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid.
- 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.
- Hand hygiene is to be performed before putting on and after removing or otherwise handling masks.

Universal Masking Scenarios

*Perform hand hygiene before and after every resident interaction.

*Scenarios assume that a personal risk assessment will be conducted before every patient/resident interaction.

| Scenarios - with universal masking | Any personal protective equipment? | Change my mask? | Change my gown, gloves and eye protection? | Re-use of mask? |
|--|--|--|---|--|
| Direct patient/resident care and <u>no</u> Additional Precautions | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mask only for source control | If wet, contaminated, or hard to breathe through | Not applicable | Yes. Perform hand hygiene before and after touching mask and store mask in clean paper bag |
| Direct care (< 2m) for patient/resident on Droplet/Contact Precautions | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires gown, gloves, eye protection and mask | Yes, upon leaving room | Yes, upon leaving the room | No |
| Direct care for multiple patients/residents on Droplet/Contact Precautions who are in the same ward room or cohort | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Requires gown, gloves, eye protection and mask | Yes, upon leaving cohorted area | *Change gloves and clean hands between each resident Gown, mask, eye protection removed upon leaving the cohorted area | No |

| Scenarios - with universal masking | Any personal protective equipment? | Change my mask? | Change my gown, gloves and eye protection? | Re-use of mask? |
|---|--|--|---|---|
| Enter patient/resident room on Droplet/Contact Precautions and > 2 m from resident (e.g. drop off meal tray, observe patient or their monitor without direct contact) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Based on Risk Assessment Mask Only – have access to PPE if care needs change while in room | If wet, contaminated, or hard to breathe through | Not applicable, unless risk assessment warrants PPE | Yes. Perform hand hygiene before and after touching mask and store in clean paper bag |

Definitions

Universal Masking: Wearing a surgical/procedure mask at all times to protect others from the wearer.

Personal Protective Equipment: Personal protective equipment, commonly referred to as "PPE", is equipment and clothing worn to minimize exposure to hazards and prevent illnesses and infection to the worker. For the purposes of this document, PPE consists of a mask, gloves, gown and eye protection, and is chosen as part of point of care risk assessment¹.

Point of Care Risk Assessment: An evaluation of the interaction of the health care provider, the client/patient/resident and the client/patient/resident environment to assess and analyze the potential for exposure to infectious disease².

Source Control: Personal practices that help prevent the spread of bacteria and viruses to others (e.g., covering the mouth when coughing, wearing a mask)².

Extended Use: Refers to the practice of wearing the same item of personal protective equipment for repeated encounters with several patients, without removing it between the encounters. Extended use may be implemented when multiple patients with the same infection are placed together in dedicated waiting rooms, clinics or hospital units³.

Re-use: The practice of using the same item of personal protective equipment for multiple encounters with patients but removing it ('doffing') between at least some of the encounters. The item of personal protective equipment is stored in between encounters and re-used³.

Conservation (strategies): Strategies employed to extend the supply of personal protective equipment³.

Contamination: The presence of an infectious agent on hands or on a surface, such as a counter, clothing, gowns, gloves, bedding, toys, surgical instruments, care equipment, dressings or other inanimate objects².

Cohorting: Grouping two or more clients/patients/residents who are either colonized or infected with the same microorganism to a geographic area, with staffing assignments restricted to the cohorted group of patients².

References

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3. The National Institute for Occupational Safety and Health. Pandemic planning: Recommended guidance for extended use and limited re-use of N95 filtering face piece respirators in healthcare settings [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; March 27, 2020 [cited 2020 Apr 12]. Available from: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Universal mask use in health care settings and retirement homes. Toronto. Ontario; 2020.

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