QUINTE HEALTHCARE CORPORATION

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Universal Masking in the Context of COVID-19

Title: **Universal Masking in the Context of COVID-19**		**Policy No:**	**IPAC 3-37**
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		Policy Lead:	IPAC Practitioner
Department:	Infection Prevention and Control		
Approved By:	**IPAC Committee – September 2020** **Leadership Committee – September 2020**		

1. PURPOSE

This document is meant to provide a universal masking standard within Quinte Health Care (QHC) with respect to mask use by staff (including physicians), learners, patients, visitors, volunteers, vendors, contractors and consultants in the context of the COVID-19 pandemic. This policy is to ensure compliance with regional guidance and recommendations of local Public Health Units and Chief Medical Officers of Health related to masking in all indoor public spaces. This change also aligns with the need to increase in-person health services and subsequent increase of patients and visitors. QHC recognizes our role in reducing the spread of COVID-19 in our communities and aims to have no COVID-19 transmission in our hospitals.

2. BACK GROUND

Since the COVID-19 pandemic guidance around universal masking and extended use of masks in hospitals has evolved. Particularly in regards to direct patient care as an enhanced measure to prevent COVID-19 transmission and maintain safety in the hospital environment. Evidence to support universal masking has increased and evolved to include masking not only for healthcare workers but also as a risk mitigation strategy for the community in attempts to reduce transmission and spread of COVID-19. The use of masks along other Infection Prevention and Control (IPAC) and Public Health measures is increasingly recognized as an important intervention to reduce transmission of COVID-19. A hierarchy of hazard controls is utilized: alternatives to in-person requirements, engineering and system controls, administrative controls and finally use of PPE.

Masks can function either as source control or part of personal protective equipment (PPE). Wearing a mask is not a substitute for physical distancing and should be used in addition to distancing measures. Universal masking is indicated as a means of source control, this involves the use of a mask or facial covering by all individuals entering and working within QHC facilities.

3. DEFINITIONS

Mask: medical grade procedure or surgical mask, to protect mucous membranes of the nose and mouth from infectious body fluids. Masks have specified filtration requirements that have been pre-selected by QHC based on published infection control standards. Masks must be worn properly over the nose, mouth and chin, be in good condition and not have exhale vents or valves.

Facial Covering: a non-medical mask usually made of fabric to protect mucous membranes of the nose and mouth from infections respiratory droplets. Must be worn properly over the nose mouth and chin, be clean and in good condition and not have exhale vents or valves.

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

Physical Distancing: Maintaining a distance of two meters (6 feet) away from others to avoid contact with respiratory droplets from others talking, coughing or sneezing when not possible to wear a mask.

Personal Protective Equipment: Personal protective equipment is equipment and clothing worn to minimize exposure to hazards and prevent illnesses and infection to the worker. PPE is chosen as part of point of care risk assessment.

Engineering and System Control Measures: These measures help reduce the risk of exposure to a pathogen or infected source hazard by implementing methods of isolation or ventilation. These measures work to reduce exposure by isolating the hazard from the worker and by implementing physically distancing actions to reduce the opportunity for transmission (e.g., use of physical barriers, distance floor markers, taping off chairs).

Administrative Control Measures: Administrative control measures aim to reduce the risk of transmission of infection to staff and patients through implementing policies, procedures, training, and education with respect to infection prevention and control (e.g., screening individuals entering QHC facilities, contact tracing, limiting time in a room with others, use of policies and procedures).

Point of Care Risk Assessment: An evaluation of the interaction of the health care provider, the patient and patient environment to assess and analyze the potential for exposure to infectious disease and the type of PPE required.

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).

Extended Use: Refers to the practice of wearing the same item of PPE for repeated encounters with several patients, without removing it between the encounters in efforts to conserve PPE.

Reuse: The practice of wearing the same item of PPE for multiple encounters with patients but removing it (doffing) between at least some of the encounters. The item of PPE is stored in between encounters and re-used.

Limited Reuse: limiting the number of times a mask is donned and doffed to decrease the chances of transmission of organisms to mucus membranes (e.g., only removing your mask when it is required, keeping a higher level mask on rather than obtaining another source control).

PPE Station: A dedicated area outside a patient(s) room who is requiring additional precautions to place doffed PPE while donning required additional precautions. Also provides an area to disinfect required PPE after entering patient environment (e.g., a PPE board or table that allows proper temporary storage of in use PPE and required disinfectant).

Respiratory Etiquette: Personal practices that help prevent the spread of bacteria and viruses that can cause acute respiratory infections. (e.g., using a mask/tissue to cover your mouth, immediate disposal of used tissues into a garbage receptacle, coughing/sneezing into your sleeve, any other method that restricts droplets of the sneeze or cough from entering the air.)

Additional Precautions: Precautions (contact precautions, droplet precautions and airborne precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Mask Storage: The act of safely storing a mask for limited reuse in a paper bag place on a clean paper towel with inner mask facing upward to avoid contamination. Perform hand hygiene before and after touching your mask. Remember to dispose of paper towel after as the outside of the mask is assumed to be contaminated.

High-Risk Direct Patient Care: Providing patient care in critical care, high risk areas and COVID designated areas (e.g., ER, ICU, PACU phase 1 recovery, Obstetrics second stage of labour, COVID designated areas).

Low-Risk Direct Patient Care: Providing patient care in a unit without high-risk or confirmed COVID patients (e.g., Inpatient, ambulatory care).

4. ROLE OF STAFF

To further conserve our supply of medical grade masks, all staff and physicians are encouraged to wear their own facial covering or mask into the hospital and as they transit to their work

area. If you do not have one a mask will be provided to you prior to entering. Once at your work area, please switch to the appropriate level of medical mask required for your job. Staff are required to be familiar with proper PPE use, related QHC policies, procedures and resources available on the intranet. A Point of Care Risk Assessment (PCRA) must always be performed to determine if additional PPE is warranted.

For individuals performing *direct high-risk patient care*, masks are to be worn continuously, as much as possible. A mask does not need to be removed between patient interactions, even if a patient is isolated under droplet and/or contact precautions. If removing your source control mask in place of additional precautions (e.g., airborne), remove mask and dispose of it in waste container. Perform hand hygiene, don mask respirator appropriate for level of precautions and point of care risk assessment. When in the breakroom, staff should remove and discard their masks, perform hand hygiene and practice physical distancing. A new mask should be donned prior to resuming work.

For individuals performing *direct low-risk patient care*, masks are to be worn continuously, as much as possible. A mask does not need to be removed between patient interactions, even if a patient is requiring additional precautions. When in the breakroom, staff should perform hand hygiene and safely store the mask. When returning to work perform hand hygiene, reuse your mask provided it meets the criteria below.

For individuals not performing direct patient care roles in *non-clinical areas*, masks may be temporarily removed while alone in a defined area (e.g. in an office or behind a physical screening barrier) or where 2 metres of physical distance can be confidently and consistently maintained from others (e.g. meeting in a large conference room while limiting time spent in a room with others). When eating or if a mask is temporarily removed under the conditions identified above the individual should perform hand hygiene and safely store the mask. Individuals not providing care to patients in clinical areas of the hospital may choose to reuse their original mask provided it meets the criteria below.

Extended Use and Limited Reuse

It is appropriate to extend use and reuse your mask until it is wet, soiled, damaged or contaminated. Please view IPAC video, "Extended use of masks and limited reuse of masks". A mask must be removed and discarded when:

- The mask becomes visibly soiled or contaminated
- The mask becomes very moist or torn, compromising the integrity of the mask
- When the mask touches a patient or a patients bodily fluids directly contact the mask
- At the end of a work shift for individuals providing any direct patient care

The continuous, extended and repetitive use of PPE, including masks, gloves and safety glasses/goggles, may cause adverse skin reactions. Please be aware of QHCs "Management of PPE related skin damage" document. It is the responsibility of staff to verify with IPAC and Occupational Health teams that any measures taken to prevent or manage PPE-related skin injuries do not interfere with the efficacy of PPE or contradict any workplace policies. If there

is persistent skin irritation or sensitivity in spite of proactive skin protection measures staff must contact their manager and Occupation Health.

QHC staff are asked to show accountability to ensure patient and staff safety. Efforts may include:

- Giving a verbal reminder/education to the instructed use to wear a mask within QHC facilities.
- Individuals seen removing or touching the outside of their mask should be given a verbal reminder to perform hand hygiene and of the requirement to wear a mask.
- Complete a QHC Cares related to any individual seen without a mask, refusing to wear despite reminder/education AND no exception identification sticker.

5. PATIENTS AND VISITORS

Facial coverings or medical masks are mandatory in all areas of the hospital. Any exception is at the sole discretion of QHC and/or guidance provided by the Ministry of Health. This policy relates to patients and visitors of QHC, specifically:

- Visitors: A mask/facial covering must always be worn
- Outpatients/Ambulatory Care: A mask/facial covering must always be worn
- Inpatients: A mask/facial covering must always be worn when leaving their room (e.g., diagnostic test, walking in the hallway) or in a common area of the hospital.

All patients and visitors will be screened at the entrances prior to entering a QHC facility. If not wearing an appropriate mask or facial covering a mask will be provided. Those wearing a mask or facial covering will be allowed to continue wearing unless required to comply with PPE guidelines as directed by staff (e.g., visiting a family member on contact droplet precautions). In these instances, visitors wearing a facial covering will be provided with a rated mask which must be worn throughout their visit and disposed of at the hospital exit.

6. EXCEPTIONS

Some people may not be able to tolerate wearing a mask. Exemptions from wearing a mask on the premises will align with regional guidance and include:

- A child under the age of two years; or a child under the age of five years chronologically or developmentally and cannot be persuaded to wear a face covering by their caregiver
- The individual has a medical condition rendering them unable to wear a non-medical mask or face covering safely
- The individual cannot apply or remove a non-medical mask without assistance
- The individual cannot wear a non-medical mask or face covering or cannot cover their face in a way that would appropriately control the source of droplets for reasons of religion or other protections under the Ontario *Human Rights Code*, R.S.O. 1990, c. H. 19, as amended.

In order to reduce the risk of COVID-19 transmission QHC is limiting visiting to essential visitors, please see COVID-19 visiting statement. Visitors and patients who meet the exceptions above and are unable to comply will be considered on a case by case basis for entry and consideration will be based on:

- Local COVID-19 situation
- COVID-19 situation of where patient/visitor reside
- The visitor's role
- Patient circumstance

Alternatives to in-person visiting and health services may be implemented and individuals may be asked to reschedule their visits to limit risk to other individuals within QHC facilities.

7. PROCEDURE FOR REFUSAL BY PATIENTS OR VISITORS

Patients or visitors who require immediate in hospital services or access; ideally, will notify the appropriate unit/area manager in advance to allow review of the situation and potential for accommodation. The following process will apply to patients/visitors who refuse to comply with the universal masking policy and/or indicate they meet the exception criteria as identified above:

- After initial screening, the patient/visitor will be referred to a secondary screening area distanced away from others. These individuals must be made aware of the potential delay and refusal of entry based on current COVID-19 guidelines.
- For patients, staff at the secondary screening desk will:
    - Connect with the patient's most responsible physician (MRP) for a clinical assessment as to whether the patient meets the exception criteria as indicated above. MRP should be aware of the Algorithm for COVID-19: Patients requiring Acute Admission
    - For patients not seeing a physician, staff at secondary screening should connect with the unit/clinic staff to discuss whether the patient meets the exception criteria as indicated above.

For visitors, the visitor must provide written documentation to secondary screening area (i.e. medical note) indicating they have a medical exemption. If it is determined that the patient/visitor does meet the exclusion criteria, they will be allowed to proceed to their appointment/visit. These individuals should be asked if it is possible to wear a mask for a short time while in transit to the required unit/area.

They will be provided with a sticker to identify that they meet the exception criteria. The sticker must always be worn and visible while in hospital. The following accommodations must also be considered:

- Compliance with giving information for contract tracing

- Ability to comply with respiratory etiquette
- Ability to comply with hand hygiene practices
- Ability to comply with physical distancing as able
- Use of a private room for visiting
- Visitor to stay in patient room during visit
- Exclusive use of area/procedure room
- Additional precautions for staff
- Additional cleaning after use of required space
- Further limiting visiting when appropriate
- Escort based on level of expected compliance

If it is determined that the patient/visitor does not meet the exclusion criteria (i.e. they do not have a medical condition precluding them from wearing a mask/face covering), the patient/visitor will be asked to leave the hospital. The appointment/visit will be cancelled, and the patient/visitor will need to reschedule the appointment/visit. Alternatives to in-person health services will be considered such as virtual care.

In instances where the patient/visitor refuses to comply with the QHC Universal Masking policy, staff should refer to this policy and educate the patient/visitor on the ongoing evidence supporting universal masking when indoors. Should the patient/visitor continue to escalate and/or begin recording the interaction, staff should:

- Remind the patient/visitor that video recording is strictly prohibited
- Politely ask the patient/visitor to leave the hospital
- Contact appropriate Management support (Admin on-call after hours).
- Contact Security for assistance should the patient/visitor escalate (5999)
- Complete a QHC cares if appropriate

8. PROCEDURE FOR REFUSAL BY STAFF

Staff refusal or any staff with concerns about wearing masks, should notify their manager and Occupational Health prior to entering a QHC facility. QHC is requiring staff to provide documented evidence or a declaration of support to initiate a graduated process determining potential appropriate engineering and system controls and accommodations.

APPENDICES AND REFERENCES

Appendices:

Appendix A – Universal Masking Activity Type and Area

Appendix B – COVID-19 Point of Care Risk Assessment (PCRA)

Appendix C – Algorithm for Patients/Visitors Refusing to wear a Mask

References:

Centers for Disease Control and Prevention. (2020, June). How COVID-19 Spreads. Retrieved August 28, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

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Related Policies:

Infection Control
3-05 Additional Precautions – Airborne
3-15 Additional Precautions - Droplet
3-20 Hand Hygiene
3-25 Glove Use (Hand Protection Program)
3-35 Eye Protection Program (and face)
3-36 Masking for Personal Protection
3-40 Isolation Supplies
3-50 Routine Practices and Additional precautions

Occupational Health & Safety

6.3.1 Respirator Program

Appendix A – Universal Masking Activity Type and Area

Perform hand hygiene before and after every patient interaction and after touching mask. Always perform a Point of Care Risk Assessment (PCRA) before any patient interaction to determine if additional PPE is warranted.				
Activity Type	**Any Personal Protective Equipment**	**Change my Mask?**	**Change gown, gloves, eye protection**	**Re-use of mask?**
High-Risk direct patient care (<2m) for patient on Contact/Droplet precautions e.g., ERs, ICU, PACU phase 1 recovery, Obstetrics second stage of labour, COVID designated areas	Requires gown, gloves, eye protection and level 2 mask	When donning level 2 mask for Contact/droplet, extend its use rather than changing back to level 1 OR use a respirator and store mask.	Yes, upon leaving the room or as required while in the patient environment.	No, don a new mask prior resuming work after breaks. Limit reuse while in care area if changing for use of a respirator or level 2 mask
Low-Risk direct patient care (<2m) for patient on Contact/Droplet precautions e.g., inpatient and ambulatory	Requires gown, gloves, eye protection and appropriate level mask as per PCRA	If wet, visibly damaged, soiled or contaminated or if a patient's bodily fluids directly contact the mask (e.g., cough or sneeze on your mask). Extend use of mask as appropriate.	Yes, upon leaving the room or as required while in the patient environment.	Yes, perform safe mask storage and hand hygiene before and after touching mask.
High AND low risk direct patient care and NO additional precautions (contact, droplet, airborne)	Mask only for source control	If wet, visibly damaged, soiled or contaminated or if a patient's bodily fluids directly contact the mask (e.g., cough or sneeze on your mask).	Not applicable	Yes, perform safe mask storage and hand hygiene before and after touching mask.

Enter a patient’s room on contact droplet precautions and >2m from patient e.g., observing patient or their monitor without direct contact with patient or environment.	Mask only for source control but have access to PPE if care needs change while in patient room.	If wet, visibly damaged, soiled or contaminated or if it a patients bodily fluids directly contact the mask (e.g., cough or sneeze on your mask).	Not applicable, unless PCRA warrants	Yes, perform safe mask storage and hand hygiene before and after touching mask.
Other staff in any patient care area e.g., managers, UCCs	Mask only for source control	If wet, visibly damaged, soiled or contaminated	Not applicable, unless PCRA warrants	Yes, perform safe mask storage and hand hygiene before and after touching mask.
Other staff not directly interacting with patients or in direct patient environments e.g., lab, kitchen, maintenance	Mask only for source control, or if unable to keep physical distance and barriers not in place.	If wet, visibly damaged, soiled or contaminated	Not applicable	Yes, perform safe mask storage and hand hygiene before and after touching mask.

Infection Prevention & Control
Adapted from Alberta Health Services

COVID-19 - Point of Care Risk Assessment (PCRA)

Performing a **PCRA** is the first step to be used with **all patients** for **all care** at **all times** to protect yourself, other staff and patients.
The following standards are based on evidence and guidelines from the Ministry of Health and Public Health. Health care workers should continue to use clinical judgment to determine if different PPE is warranted, based on unique patient circumstances identified during their PCRA.

ASSESS the TASK, the PATIENT and the ENVIRONMENT Prior to EACH PATIENT CONTACT

- Will my hands be in contact with mucous membranes, non-intact skin, BBF[1] or contaminated items? → YES → WEAR NON-STERILE GLOVES
- Will my clothing or skin become soiled from splashes/sprays or contact with items contaminated with BBF[1]? → YES → WEAR GOWN/COVER
- Will my eyes, face or mucous membranes be splashed/ sprayed with BBF[1] or will I be within 2 meters of a suspected/confirmed[4] COVID-19 patient? → YES → WEAR FACIAL PROTECTION Level 2 Surgical Mask, Goggles/ Shield
- Am I performing an AGMP[2] on a suspect/confirmed[4] COVID patient or in the room when one is being performed? → YES → WEAR N95 or P100 MASK (with impervious or fluid resistant Gown, Goggles/Shield, Gloves)[3]

Perform hand hygiene before and after using PPE

[1] **BBF** = Blood and body fluids (includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions)
[2] **AGMP** = Aerosol generating medical procedures (includes: intubation/extubation, cardio pulmonary resuscitation, non-invasive ventilation, manual ventilation, open suctioning, etc.) Does NOT include collection of nasopharyngeal or throat swab. Refer to complete list of AGMPs.
[3] **Intubation/extubation** = clinician performing an intubation/extubation may use a neck cover.
[4] Patients with diagnosis of pneumonia or meeting WHO criteria for a **suspect case** – see "Algorithm for COVID-19 patients requiring acute admission (last page of this document)

May 27, 2020

Appendix C – Algorithm for Patients/Visitors Refusing to wear a Mask