



QUINTE HEALTHCARE CORPORATION

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Masking for Personal Protection

Title: Masking for Personal Protection [Closely affiliated with Eye Protection Program]		Policy No:	OH&S: 6.5 IPAC: 3-36
		Original Issue Date:	2005
Manual:	Occupational Health and Safety Infection Prevention and Control	Last Review Date:	April 2021 March 2019 November 2017
		Last Revision Date	October 2016
OH&S Section 6: IPAC Section 3:	Personal Protective Equipment Routine Practices and Additional Precautions	Policy Lead:	Safety Consultant
Approved By:	Leadership Committee Medical Advisory Committee		

ALERT: For Respiratory Protection Program – specifically N95 use for Additional Precautions related to Airborne Illness - see OH&S Policy 6.3.1

1. POLICY

Persons exposed to a mouth and nose (face) hazard from infectious substances (patient care activity that is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, or within two (2) meters of a coughing patient), shall wear (mouth and nose [face] protection) a *procedure/surgical* mask.

Persons performing tasks in sterile environments (i.e. Operating Room) or aseptic procedures (i.e. central line insertion or access) shall wear a *procedure/surgical* mask.

Patients will be encouraged to use cough etiquette.

A mask is used in conjunction with other personal protective equipment on the face (eye/face protection) and must not interfere with their performance. Any concerns should be reported to the Supervisor.

Wherever possible, signage should indicate where a mask is required (i.e. droplet precautions sign). The requirements for a mask and the type necessary in a specific workplace or for a specific process shall be communicated by the supervisor. Supervisors shall enforce the use of personal protective equipment through behaviour observation, dialogue, zero tolerance for non-compliance, and progressive discipline.

Users of masks shall be instructed in the use, limitations and maintenance of a mask. Supervisors shall facilitate this training as required.

2. PURPOSE

In order to protect staff, physicians, and students from various infectious illnesses, Quinte Healthcare Corporation (QHC) shall require all staff, physicians and students to wear masks as directed/indicated in current infection control guidelines.

3. DEFINITIONS

<i>eye and face protectors</i>	devices designed to provide protection against impact, splash, and radiation. For this standard, this describes a mask with attached eye protection.
<i>face shields</i>	devices intended to shield the wearer's face and eyes from splashes – are attached in most cases to the required procedure mask. Additional precautions disease-specific may dictate use of a full face shield (e.g. Ebola/Viral Hemorrhagic Fevers)
<i>mask</i>	procedure or surgical mask, worn with the intent 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.
<i>disposable respirator</i>	a tightly-sealed, fit-tested respirator, with specified filtration levels fit to the task (i.e. N95). Provides dual protection of the mucous membranes of the nose and mouth, but also the users' respiratory track from airborne illnesses such as Tuberculosis and Chicken Pox. <i>CSA Standard Z94.4-11: Selection, use, and care of respirators – August 2011</i> . See OH&S Policy 6.3.1 for details.
<i>prescription safety glasses</i>	prescription lenses (not certified by CSA) are mounted in safety frames that meet the CSA standard. The CSA recommends that prescription lenses be at least three-millimetres thick and made of optical plastic or polycarbonate, with side shields.
<i>cough etiquette</i>	using a mask/tissue to cover your mouth, immediate disposal of used tissues into a garbage receptacle followed by hand hygiene, coughing/sneezing into your sleeve, and any other method that restricts aerosol of the sneeze or cough from entering the air.

4. PROCEDURE

- A. Risk Assessment:** A worker will perform a risk assessment prior to any task to evaluate the hazards and choose the best options that meet the standards below.

For Precautions Infectious in Nature – splash/splatter/spray

1. A mask (along with eye/face protection) will be used to protect the mucous membranes of the mouth, and nose (and eyes) when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions of excretions, or when within two (2) meters of a coughing patient.
2. The accepted options most likely available in patient care areas include; mask with visor attached, or a mask worn with safety glasses.

ALERT: Employees who wear contact lenses should consult Occupational Health about workplace risks and appropriate eye protection.

B. Use of a Mask – Standard for Staff

1. Following the prescribed risk assessment – See Appendix A - of all potential hazards/exposures - splash, spray, splatter of infectious matter directed at the mucous membranes structures of the nose, mouth and eyes.
 - a. The type of procedure/care activity/task;
 - b. Likelihood of contact with a droplet/aerosol generated by the procedure/care activity/task;
 - c. Other personal protective equipment (PPE) being worn.
2. Inspect all PPE prior to use as instructed, looking for defects/damage that would affect the performance of the device.
3. Don all required PPE as per training. Avoid contact with PPE with your hands (or other bare skin) once in use and performing the task.
4. Change mask if it becomes wet, soiled, contaminated or hard to breathe through.
5. Remove PPE as per training immediately following task and perform hand hygiene as directed.
6. Masks are single use only, and should be discarded in regular garbage immediately after use.

C. Use of a Mask – Standard for Patients

1. Following an assessment of the patient that has been identified as;
 - a. They are coughing;
 - b. They are medically able to wear a mask – will not compromise their medical condition, make breathing too difficult through the barrier.
2. Provide the yellow mask to the patient with instructions of how to wear it and clear instruction it must remain on, as tolerated by their medical condition. If patient (or their family member) is unable to put it on themselves, assist the patient by putting it on them.
3. Instruct patient on cough etiquette – covering a cough, tissue disposal etc.

4. Never place an N95 respirator on a patient (breath resistance too great, and increases CO₂ re-breathing).

D. Departmental Protective Eyewear Needs Assessment and Selection

1. Supervisor/Occupational Health and Safety (OH&S)/Infection Control:

Appendix A: outlines a guide for assessing the need for a mask on both the patient or the worker.

2. Worker/Supervisor/OH&S/Infection Control:

Special considerations arise when prescription or safety eyewear must be worn with other personal protective equipment such as a full face piece respirator. Consult your Supervisor, OH&S, and your eye care professional for advice about selection and fitting of eyewear in special circumstances.

5. ROLES AND RESPONSIBILITIES

Requirements of *O. Reg. 851 for Industrial Establishments, Section 81*

A worker exposed to eye injury shall wear eye protection appropriate in the circumstances.

A. Manager/Supervisor:

- Ensure their staff use appropriate protective eye wear and monitor compliance.
- Ensure training of staff on the use, inspection and disposal of masks – both for staff use and use by the patient.

B. Employee/Physician/Student:

- Wear mask as instructed and indicated.
- Report to their manager any issues with the program (ie. comfort, damaged, failures).
- Assist patients in use of mask as required from your own risk assessment.

C. Occupational Health & Safety/Infection Control:

- Facilitate and evaluate the effectiveness of this Program.
- Where necessary, consult with other people knowledgeable in occupational health, occupational hygiene, safety and industrial processes.

D. Joint Health & Safety Committee:

- evaluate the effectiveness of this Program.

4. DOCUMENTATION

- Training records (for at least 3 years).
- Departmental Risk Assessments.
- *Patient charting reflecting additional infection control precautions required.*

APPENDICES AND REFERENCES

Appendices: Appendix A – Departmental Protective Equipment Needs Assessment and Selection

References:

Occupational Health and Safety Act (OHSA)

Sections 25, 27, 28

Industrial Establishments Regulations 851, Sections 29, 36, 79, 81, 84, 137

Health Care and Residential Facilities Regulations 67/93

Provincial Infectious Disease Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings. Nov. 2012. <https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en>

Provincial Infectious Disease Advisory Committee (PIDAC). Best Practices for Hand Hygiene in All Health Care Settings. April 2014. <https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf?la=en>

Public Health Agency of Canada: Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care. Sept. 2014. <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html>

Ontario Health Plan for an Influenza Pandemic 2013

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

APIC Text of Infection Control and Epidemiology. 3rd edition. 2009

Public Health Ontario: Guidance for patients with Suspect or Confirmed Viral Haemorrhagic Fevers (VHF) in Acute Care Settings, July 2016

<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/vector-borne-zoonotic-diseases/ebola>

RELATED POLICIES

Infection Prevention and Control

3-05 Additional Precautions – Airborne

3-15 Additional Precautions – Droplet

3-20 Hand Hygiene

3-40 Isolation Supplies

3-45 Personal Protective Equipment - General Standards and Requirements

3-50 Routine Practices and Additional Precautions

Occupational Health & Safety

6.3.1 Respirator Program