



Summary of Changes:

- NEW: Continuous masking guidelines expanded
- NEW: Public Health Order masking requirements
- UPDATE: Cloth masks are not approved for use in SHA operated facilities

***Recent updates are highlighted**

****** In this document, the term patient is inclusive of patient, resident and client

Definitions

Continuous masking – Refers to the wearing of a mask at all times. In this context, masks are only changed if they become wet, soiled or damaged and discarded when taking a scheduled break and at the end of a shift.

Health care workforce – Is inclusive of Staff, Physicians, Learners, Contractors, Contracted Individuals, Volunteers, Patient Family Advisors (PFAs), Knowledge Keepers.

Medical mask - Refers to a procedure/surgical mask.

Source control – Masks can be worn to protect others from potentially infectious droplets of the wearer.

Principles

In April 2020, the SHA implemented a continuous mask use strategy requiring Health care workforce who work in a clinical care area/facility where there was direct or indirect contact with patients ** to wear a medical mask at all times. Recently, enhanced public health measures/restrictions have been issued in response to an increase in COVID-19 cases in our health care facilities and communities. In an effort to mitigate transmission of COVID-19 and to protect the health and safety of staff and physicians, as well as our patients, residents and clients, we are further expanding our continuous masking guidelines.

Update: Health care workforce will be required to wear a medical mask at all times inside any SHA building and facility, unless eating and/or drinking. This includes public/common areas (e.g., elevators, hallways, lobbies, cafeterias/food court areas), meeting rooms and break rooms.

Exemption: Health care workforce who work in administrative areas (i.e. personal office/workstation) with no patient contact and where two metres physical distancing can be consistently and reliably maintained do not require a mask while they are in their office.

(Rationale: This workspace has a limited number of people present at any given time and movement of people within the space is predictable so physical distancing at all times is achievable).

These enhanced measures, in combination with existing infection prevention and control measures (i.e. physical distancing, point of care risk assessment (PCRA), hand hygiene, environmental cleaning/disinfection, staying home if you are ill, etc.) are guided by the following key principles:

1. Prevention of transmission from staff and/or physicians who may be asymptomatic or mildly symptomatic carriers of the virus to our most vulnerable population (i.e. patients/residents/clients).
2. Prevention of transmission from patients/residents/clients who may be asymptomatic or mildly symptomatic carriers of the virus to staff and/or physicians.
3. Conservation of PPE needed by our healthcare providers that enable them to safely practice according to the above principles.



Guidelines

1. Where applicable, health care workforce will follow Public Health Orders for masking requirements. In the event the Public Health Order conflicts with the Expanded Continuous Masking Guidelines, the health care workforce will follow the more stringent guidelines (Refer to the most current [Public Health Order](#))
2. Health care workforce will continue to perform hand hygiene when they enter the unit/facility, frequently throughout their shift, and where indicated.
3. Health care workforce will be required to put on a medical mask on entry to any SHA facility.
4. Health care workforce will be required to wear a medical mask at all times, including in public/common areas, meeting rooms and break rooms, unless eating and/or drinking.
5. Health care workforce who work in administrative areas with no patient contact and who can consistently and reliably maintain two metre physical distancing from others are exempt from wearing a mask while in their office/workstation. However, when they leave their office/workstation they must put on a medical mask.
6. Questions related to personal protective equipment (PPE) requirements may be directed to your manager or supervisor. If your manager or supervisor is not able to resolve your question, they will consult with the appropriate infection prevention and control practitioner.

Guidelines for Use and Re-Use of Masks

1. Medical masks must be changed when wet, damaged or soiled (with blood or body fluids). They should be discarded when taking scheduled breaks and at the end of the shift.
2. There is currently no limit to the number of masks that will be provided, but judicious use according the [Continuous and Extended PPE Use guidelines](#) is strongly encouraged.
3. The re-use of medical masks is NOT encouraged at this time due to the risk of self-contamination if the process of safely doffing, storing, and re-donning is not followed carefully. Should this direction change in the future, appropriate training materials related to safe mask re-use will be provided.
4. Cloth masks are not approved for use in SHA operated facilities.
(Rationale: [Public Health Agency of Canada](#) has issued guidance on the material, structure and fit of non-medical (cloth) masks.¹ We know the range of styles, materials and design of cloth masks vary significantly as does their performance. As such, it is difficult to ensure that the cloth masks worn in our health care facilities will meet these criteria. For the added protection of our staff, physicians, patients, residents and clients, we will continue to wear medical masks only in our health care facilities).
5. The use of a face shield or clear face mask is not an acceptable alternative to the continuous masking guidelines.
6. The use of physical barriers (e.g., Plexiglas) is not a substitute for continuous masking.

¹A non-medical mask should:

- be made of at least 3 layers
 - 2 layers should be tightly woven material fabric, such as cotton or linen
 - the third (middle) layer should be a filter-type fabric, such as non-woven polypropylene fabric
- be large enough to completely and comfortably cover the nose, mouth and chin without gaping
- allow for easy breathing
- fit securely to the head with ties or ear loops
- be comfortable and not require frequent adjustments
- be changed as soon as possible if damp or dirty
- maintain its shape after washing and drying