

Recommended Guidelines

Pandemic Universal Masking in LTC/CC

Version Date: March 29, 2020

PURPOSE:

This document is meant to provide guidance and establish minimum standards for Toronto Region Long Term Care and Congregate Care Homes with respect to procedure mask use by staff, physicians, learners, and essential visitors in the COVID-19 pandemic. Individual homes may choose to adopt practices beyond those which are outlined here; however, they should be very cognizant that the underlying principle of conservation of personal protective equipment (PPE) applies across the region and the system and the actions of one institution have implications for the supply available for all providers.

BACKGROUND:

Community spread of COVID-19 is well-established in Toronto. This means that the likelihood of any individual coming in contact with, or being infected with, COVID-19 is increasing. At the same time, without efforts to conserve PPE use, supplies of PPE will soon become threatened, based on current rates of consumption, projected increases in COVID-19 residents, and the experience in other jurisdictions. Therefore, it is important to prevent outbreaks by minimizing transmission between health care workers and residents. We are also starting to see several homes in the Toronto Region with challenges related to HCW exposure. The pandemic universal masking policy is undertaken in an abundance of caution to reduce HCW related outbreaks, minimize HCW exposure and exercise appropriate PPE conservation.

Procedure masks are useful barriers that can protect people in close proximity to those who are symptomatic with a respiratory infection from becoming infected. Currently, there is no evidence to support the use of procedure masks as a protective measure in the public forum where physical distancing can be ensured; however, healthcare settings are unique environments in which risks of transmission of COVID-19 from resident to healthcare worker, healthcare worker to resident and from healthcare worker to healthcare worker needs to be carefully considered.

These recommendations are developed based on guidance materials from Ontario Health and the Toronto Region Hospital Table. **It is recommended that all organizations review materials from Ontario Health as they consider both Pandemic Universal Masking and the use of PPE during the COVID-19 Pandemic.** These documents include, but are not limited to:

1. Personal Protective Equipment (PPE) use during the COVID-19 Pandemic
2. Ethics Table Policy Brief #2: Priority Setting of Personal Protective Equipment – Provincial/Regional Distribution
3. Ethics Table Policy Brief #3: Priority Setting of Personal Protective Equipment – Within Health Care Institutions and Community Support Services

CURRENT STATE:

IPAC recommendations in LTC currently include use of procedure masks when healthcare workers are in direct contact with a resident displaying signs and/or symptoms of respiratory infection as part of droplet/contact precautions, or for specific procedures as part of routine practices. As of March 26, 2020, some Toronto Region LTC and Congregate Care homes have begun to implement broader procedure masking policies for staff, physicians and others on site. Anecdotal evidence indicates that these are not being implemented in a consistent way which could inadvertently lead to an increase in PPE consumption while not enhancing the protection of residents, staff or physicians. It is hoped that these guidelines will lead to greater consistency between organizations, and result in both enhanced safety and reduction in PPE consumption.

N.B. Please note that this document is only providing guidance and/or recommendations to support individual planning for LTC/CC Homes within the Toronto Region of Ontario Health. This document does not constitute provincial decisions, directions or guidance.

JUSTIFICATION FOR RECOMMENDATIONS:

- 1) As the incidence of COVID-19 in the community increases, Healthcare workers who have otherwise abided by healthy workplace policy at start of their shift may develop early symptoms of COVID-19 prior to recognizing their symptoms.
- 2) If an exposure to a COVID-19 positive person (staff or resident) does occur, a broader healthcare worker masking policy may reduce the number of staff exposed and needing to be excluded from work.
- 3) PPE conservation is **critical and a sustainable approach is required**. With the projected increase in numbers of COVID-19 residents and the duration of the pandemic response, there is a very real risk to supply lines. If we do not conserve PPE now, we will face shortages when we need it most.
- 4) Many of our staff are using multiple procedure masks and other PPE items unnecessarily while providing care during the course of their shifts. Some non-client facing staff are using procedure masks when they are clearly not required. These guidelines may reduce our overall PPE use as an organization.
- 5) A centralized approach to procedure mask distribution will help align procedure mask use with best practices, and will prevent wasting, hoarding or even theft of PPE.

PRINCIPLES:

These guidelines are intended to maximize safety for our staff, physicians, patients and visitors, while effecting good conservation and stewardship of PPE, a scarce resource. **Implementing the Pandemic Universal Masking Recommendations is not a substitute for staff working with residents who are displaying respiratory/COVID-19 symptoms. The implementation of consistent active screening of residents and staff must remain in effect and all those with symptoms should be excluded.**

Please see other guidance documents for the use of PPE for residents with respiratory symptoms and/or COVID-19 and during the provision of Aerosol-Generating Medical Procedures (AGMPs).

RECOMMENDED APPROACH:

Consistent with recommendations from Ontario Health, OH Personal Protective Equipment (PPE) use during the COVID-19 Pandemic, it is recommended that LTC/CC homes in Toronto Region consider the following guidelines for Pandemic Universal Masking:

- 1) Masking of Healthcare workers providing **routine resident care**:
 - a) **Two (2) procedure** masks per day will be provided for all healthcare workers that interact with residents, or entering resident areas for any reason (e.g. Environmental Services) **only if the home's PPE supply allows.**
 - b) When these healthcare workers receive procedure masks, their use should be extended continuously for repeated close contact encounters with several different residents, without removing the procedure mask between resident encounters.

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- c) When the healthcare worker is assessing residents on Droplet/Contact Precautions, the staff member shall remove gown, gloves and face-shield on exit and perform hand hygiene. The procedure mask does not need to be changed unless soiled, damaged, or hard to breathe through.
 - d) When on a break or eating lunch, the procedure mask can be removed after performing hand hygiene and must be placed on a clean surface away from the resident care area with inner mask facing upward to avoid contamination.
- 2) Masking for other staff working within an essential role but **without any contact with residents or resident areas**:
- a) All staff who can perform their duties from home must do so to preserve on PPE and perform social distancing.
 - b) Individuals whose function must be performed in-person may receive allocation of **one (1) procedure** mask to be worn in all common spaces and **only if the home's PPE supply allows**.
 - c) The mask should be worn when in common areas, and/or when 2 m social distancing is not feasible. When in a private area, the procedure mask can be removed after performing hand hygiene and placed on a clean surface with inner mask facing upward to avoid contamination.
- 3) **Essential Visitor** allocation:
- a) Visitor restriction should be in effect to reduce the need for PPE.
 - b) Essential Visitors that are permitted entry after screening for symptoms of COVID-19 and ensuring there are none, may receive allocation of **one (1) procedure** mask and **only if the home's PPE supply allows**.
 - c) Hand hygiene must be performed prior to donning the procedure mask and the visitor instructed that it must remain fully in place for the duration of the visit.

Changing of Masks

At any time, the mask must be discarded if:

- It becomes visibly soiled.
- It makes contact with the patient.
- It becomes very moist such that the integrity becomes compromised.

Careful and meticulous hand hygiene must occur after handling the used mask to avoid self-contamination.

Prepared and Approved By:
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