TITLE
USE OF MASKS DURING COVID-19

OBJECTIVES

- To clarify and provide decision support for masking requirements in an Alberta Health Services (AHS) facility/setting (including community settings) for AHS People, patients, designated family/support persons, and visitors.

- To provide direction on the use of masking strategies that will help in preventing the transmission of COVID-19.

- To provide guidance to patients, designated family/support persons, and visitors who are required to wear a mask when entering AHS facilities/settings, to help prevent the spread of COVID-19.

PRINCIPLES

Continuous masking can function either as source control (being worn to protect others) or part of personal protective equipment (PPE) (to protect the wearer) to prevent or control the spread of COVID-19. Working collaboratively, we shall ask all individuals to assist us in limiting the spread of COVID-19 through the use of procedure masks in AHS facilities/settings.

AHS requires continuous masking by health care providers who work in facilities/settings where patient care is provided. AHS promotes education (e.g., AHS Information for Albertans), prevention strategies, and public awareness to prevent the spread of COVID-19 to health care providers, patients, designated family/support persons, and visitors.
APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Masking Requirements Where Chief Medical Officer of Health (CMOH) Orders Apply

   1.1 Chief Medical Officer of Health (CMOH) Order 42-2021 mandates compliance with this Directive by any person at an AHS facility, unless an exception as listed in the Order applies.

   1.2 CMOH Order 42-2021 outlines that exceptions to the masking mandate due to a health condition must be verified by a medical exception letter from an authorizing professional that includes all required information stated in CMOH Order 42-2021.

   1.3 For Supportive Living, Long-term Care, and Hospice settings (referred to as congregate care settings), refer to CMOH Order 37-2021.

   1.4 All references to CMOH Orders in this Directive includes any CMOH Order that replaces or amends it. In case of conflict between a CMOH Order and this Directive, the CMOH Order prevails.

2. Points of Emphasis for AHS People

   2.1 AHS People are required to continuously mask in AHS facilities/settings (refer to the AHS COVID-19 Relaunch Playbook) when:
       a) working in patient care areas;
       b) providing direct patient care;
       c) in all areas of an AHS facility/setting (both clinical and non-clinical). This includes any area within a facility/setting where there may be contact with patients, designated family/support persons, visitors, or the public (e.g., elevator, common areas, gift shops); or
       d) performing job duties (e.g., environmental health, public health) while engaging with the public.

   2.2 AHS People shall be trained in the correct use of any PPE (including masks) that is required for their role. Hand hygiene must be performed immediately before donning, and before and after doffing a mask and in accordance with the AHS Hand Hygiene Policy and Procedure.
2.3 AHS People who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace unless they are at a work space separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office.

a) Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS People choose to wear a non-procedure mask (e.g., their own clean cloth mask).

2.4 AHS People who are unable to mask shall inform their Manager as per the AHS Workplace Accommodation Policy.

2.5 Follow the AHS Interim IPC Recommendations during COVID-19 including hand hygiene and the use of additional PPE equipment when delivering patient care in accordance with the AHS Point of Care Risk Assessment (PCRA).

3. Points of Emphasis for Patients, Designated Family/Support Persons, and Visitors

3.1 Patients, designated family/support persons, and visitors shall be informed of the requirement to wear a procedure mask when entering AHS facilities/settings to help prevent the spread of COVID-19.

a) When entering an AHS facility/setting where screening is available, patients, designated family/support persons, and visitors shall be asked to perform hand hygiene, provided with a procedure mask, and informed of the requirement to wear a procedure mask.

b) In AHS facilities/settings where screening is not available, hand hygiene shall be performed and procedure masks will be made available and required to be worn. Masks will be provided by the program or site.

3.2 Patients, designated family/support persons, and visitors should be provided education by a health care provider on:

a) the use of masks;

b) hand hygiene;

c) donning and doffing masks (e.g., when to remove, change, or discard); and

d) if the procedure mask becomes damp, soiled, or damaged, the procedure mask must be immediately discarded in a garbage container. A new procedure mask shall be provided by the appropriate program or site.

(i) Hand hygiene must be performed immediately before donning, and before and after doffing a mask as per Infection Prevention and Control (IPC) recommendations.
4. **Masking Requirements for Health Care Providers**

   4.1 Health care providers shall follow routine practices, hand hygiene, and wear a procedure mask continuously, at all times and in all areas of their workplace as per the AHS *Guidelines for Continuous Masking*. Additional PPE may be required based on the AHS *Point of Care Risk Assessment (PCRA)*.

   4.2 Additional PPE guidance is provided to health care providers working in areas assessing and triaging asymptomatic or suspected/confirmed COVID-19 cases and for outbreak settings. Refer to the AHS *Personal Protective Equipment (PPE) novel coronavirus (COVID-19)* web page.

   4.3 For health care providers working in home care or congregate living sites, the practice of continuous masking and using appropriate PPE is required, as per the AHS *Guidelines for Continuous Masking and Eye Protection Use in Home Care and Congregate Living Settings*.

5. **Masking Requirements for Adult Inpatients**

   5.1 Adult inpatients do not require continuous masking in their bed space.

   a) Upon their request, inpatients shall be supplied with a procedure mask.

   b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care.

   5.2 Adult inpatients, when leaving their bed space or moving within other areas of the AHS facility/setting (e.g., inpatients leaving their room for a procedure or accessing common areas), shall continuously mask.

      a) If adult inpatients are unable or refuse to mask, the health care team should work collaboratively with them to find the most appropriate and safest solution for the situation, as per the AHS *How to Support Mask Wearing COVID-19 Worker Supports*.

      b) Adult patients in Supportive Living, Long-term Care, and Hospice settings are not required to mask within these settings.

   5.3 All adult inpatients (asymptomatic and symptomatic) should be provided with education by a health care provider on appropriate masking within their care setting and in consideration of their medical condition.

6. **Masking Requirements for Adult Outpatients**

   6.1 All *adult outpatients*, when entering an AHS facility/setting, shall be asked to perform hand hygiene, provided with a procedure mask, and informed of the requirement to wear a procedure mask. The mask shall be worn for the duration
of their visit unless instructed to remove by the health care provider for the purposes of services or treatment.

6.2 Procedure masks may be provided at a screening point or by the specific program or site if there is no screening area.

6.3 If an adult outpatient requires or is awaiting non-urgent/non-emergent care and is unable or refuses to mask, they may be, at the discretion of the most responsible health practitioner (MRHP):

a) offered access to virtual care if available; or

b) receive care on-site using best efforts to keep AHS People and other patients/visitors safe (e.g., offering a face shield and escorting the individual directly to a private examination room).

6.4 In exceptional circumstances where an adult outpatient who is presenting for non-urgent/non-emergent care refuses to mask, they may be asked to leave an AHS facility/setting. This decision should be made by the MRHP and must be balanced with ensuring the safety of the patient and the acuity of the patient’s needs.

6.5 Adult outpatients who screen positive by answering yes to any question on the COVID-19 screening for COVID-19 symptom criteria shall be provided direction by the health care provider on appropriate masking and in consideration of their medical condition.

7. Masking Requirements for Pediatric Patients

7.1 As a general principle, patients from three (3) to 18 years of age are expected to wear masks to appointments at AHS facilities/settings (including emergency departments, urgent care centres, and outpatient clinics) or when visiting others at risk.

a) Wearing a mask may not be appropriate or tolerated for a small percentage of children. The health care team should work collaboratively with the parent/guardian to find the most appropriate and safest solution for the situation.

b) For those children over three (3) years of age who can tolerate a procedure mask, provide a child-appropriate procedure mask or an adult procedure mask adjusted to fit the child. As child-sized masks will be limited in availability, adult-size masks should be used for older/larger children and ‘solutions’ such as in this video can be used to adjust adult masks to fit a child.

7.2 For infants and toddlers who are two (2) years of age and under, masks are not recommended. For these children, consider alternative strategies to keep them calm, safe (e.g., in a stroller, infant carrier, parent’s/guardian’s arms), and faced towards the parent/guardian to minimize droplet spread.

a) If alternate care arrangements cannot be made for other family members, the designated family/support person should be advised to contact the clinic in advance.

b) If the designated family/support person is unable or refuses to mask, refer to Section 8 below.

7.4 Families should maintain two (2) metres of physical distance from others and try to prevent children from wandering.

8. **Masking Requirements for Designated Family/Support Persons, and Visitors**

8.1 All designated family/support persons when entering an AHS facility/setting shall be asked to perform hand hygiene, provided with a procedure mask, and informed of the requirement to wear a procedure mask. The mask shall be worn for the duration of their visit.

8.2 All designated family/support persons who screen positive by answering yes to any question on the COVID-19 Screening Questionnaire for Acute Care or Continuing Care shall follow the direction provided on the applicable questionnaire.

8.3 All patients requiring health care shall not be refused care if their designated family/support person is unable or refuses to mask.

a) For those designated family/support persons who are unable to mask, the health care team should work collaboratively with them to find the most appropriate and safest solution for the situation, as per the AHS How to Support Mask Wearing COVID-19 Worker Supports.

b) Designated family/support persons who refuse to mask shall not be allowed access to the AHS facility/setting.

(i) In exceptional circumstances and on a case-by-case basis, the health care team may work collaboratively with the patient and the designated family/support person to find the most appropriate and safest solution for the situation, as per the AHS How to Support Mask Wearing COVID-19 Worker Supports, when the designated family/support person is required to support the patient in their care (e.g., parent accompanying a young child).

8.4 All visitors when entering an AHS facility/setting shall be asked to perform hand hygiene, provided with a procedure mask, and informed of the requirement to wear a procedure mask. The mask shall be worn for the duration of their visit.
8.5 If visitors respond yes to any question on the COVID-19 Screening Questionnaire for Acute Care or Continuing Care:

  a) a health care provider shall provide instructions on isolation and the online AHS COVID-19 Self-Assessment Tool for Albertans, or to call Health Link at 811 to arrange for testing; and

  b) the patient’s visitor may be advised to leave the AHS facility/setting.

8.6 If visitors are unable to mask, the most appropriate and safest solution for the situation shall be sought, as per the AHS How to Support Mask Wearing COVID-19 Worker Supports.

8.7 Visitors who refuse to mask when masking is a requirement shall not be allowed to visit in person and should be presented alternative options for visitation.

  a) If visitors refuse to comply, site processes should be followed, which may include notification to Protective Services (if on-site) or to local Police (if appropriate), at the discretion of the Site Leader or designate.

8.8 Designated family / support persons and visitors to Supportive Living, Long-term Care, and Hospice settings must wear a surgical/procedure mask in all common areas of the building.

  a) Patients have the option to request that designated family / support persons or visitors not wear a mask while visiting in their room or other private areas of the building.

     (i) Masks may be removed in shared rooms if two (2) metres distancing or a physical barrier (e.g., curtain) is maintained from other patients, health care providers, and visitors in the room; and

     (ii) Masks may be removed in shared rooms if:

         - two (2) metres distancing or a physical barrier (e.g., curtain) is maintained from other patients, health care providers, and visitors in the room; and

         - authorization from the health care team is obtained. The health care team’s decision must be based on agreement from all roommates/alternate decision makers. Health care teams must support patients/roommates in determining their risk tolerance and support conversations with designated support person and visitors.

9. Documentation

9.1 The health care provider should document discussions and the provision of alternate patient services (if applicable) on the patient’s health record, as appropriate.
a) Documentation should include any concerns or noteworthy circumstances regarding the patient and visitation, including the designated family/support person, as applicable.

DEFINITIONS

**AHS People** means anyone who provides care or services, or who acts on behalf of AHS, which may include AHS board members, AHS employees, AHS Medical Staff members (physicians, dentists, oral and maxillofacial surgeons, and podiatrists), AHS midwifery staff members, other Allied Health professionals with an AHS appointment and privileges, students, volunteers, researchers working with AHS or studying AHS staff or patients.

**Alberta Health Services (AHS) facility** means any facility, property, or ground owned, operated, leased, or funded by AHS.

**Alberta Health Services (AHS) setting** means any environment where treatment/procedures and other health services are delivered by, on behalf of, or in conjunction with, Alberta Health Services. This includes but is not necessarily restricted to all land, facilities, affiliated sites, mobile equipment and vehicles owned, leased, or rented, and AHS corporate offices for the purpose of conducting AHS business.

**Designated family/support person** means the individual(s) identified by the patient that they want involved in their health planning and decisions. They can be a relative, legal guardian, close friend, and/or informal caregiver (see Designated Family/Support Person and Visitation Guidance for details regarding this role).

**Health care provider** means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

**Health record** means the collection of all records documenting individually identifying health information in relation to a single person.

**Most responsible health practitioner (MRHP)** means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Personal protective equipment (PPE)** means any specialized clothing or safety items worn by individuals prior to contact with potential or identified hazards, such as from a direct exposure to blood, tissue, and/or body fluids.

**Refuse to mask** means individuals not wearing a mask in an AHS facility/setting who do not meet the exceptions to the masking requirement as outlined in CMOH Order 34-2021.
Unable to mask means individuals who meet the exceptions to the mask requirement as outlined in CMOH Order 34-2021 (for example, general exceptions, exceptions for health condition, exceptions for children under two [2] years of age).

REFERENCES

- Alberta Health Services Governance Documents:
  - Designated Family / Support Access and Visitation in Acute Care, Ambulatory, and Emergency Sites Directive (#HCS-275)
  - Hand Hygiene Policy (#PS-02)
  - Hand Hygiene Procedure (#PS-02-01)
  - Workplace Accommodation Policy (#1121)

- Alberta Health Services Resources:
  - COVID-19 Designated Family/Support and Visitation Guidance
  - COVID-19 Relaunch Playbook
  - Daily Designated Family Support and Visitor Screening Questionnaire in Acute Care
  - Family Support & Visitation of Patients & Residents
  - Fit for Work
  - Guidance to Help Make Continuous Masking Work for You
  - Guidelines for Continuous Masking
  - Guidelines for Continuous Masking and Use of Face Shields in Home Care and Congregate Living Settings
  - How to Support Mask Wearing COVID-19 Worker Supports
  - Information for Albertans
  - Interim IPC Recommendations COVID-19
  - IPC Resources for Resuming Ambulatory Care Clinics during COVID-19 Pandemic
  - Personal Protective Equipment (PPE) novel coronavirus (COVID-19)
  - PPE Taskforce Guidance - Continuous Masking and Patient Care (December 7, 2020)
  - Point of Care Risk Assessment (PCRA)

- Non-Alberta Health Services Documents:
  - Chief Medical Officer of Health (CMOH) Order 37-2021
  - Chief Medical Officer of Health (CMOH) Order 42-2021
  - Children mask? How to fit adult mask to kids
  - COVID-19 Info for Albertans Symptoms and Testing
  - COVID-19 Self-Assessment Tool