

Universal Mask Procedure for Patients on Additional Precautions during COVID-19 Pandemic

Rationale:

Infected health care workers (HCW) with minimal or no symptoms of COVID-19 may transmit the infection to patients and other HCW before they know they are sick and self-isolate. HCW who have been exposed to a COVID-19 positive HCW or patients without PPE would require home isolation for a period of 14 days. Universal masking is foremost a **health work force preservation** strategy. Universal masking is also a **PPE stewardship** strategy to ensure appropriate PPE use and long term sustainability.

Assumptions:

All staff who are not on clinical service requiring them to be in the hospital MUST be supported to work from home to preserve PPE, minimize exposure between health care workers, and enact strict physical distancing, which can be challenging to achieve and maintain in the workplace. Screeners do not require PPE if they are more than 2 metres away from those they are screening OR are behind a physical barrier. Visitor restrictions MUST be in effect and parents/caregivers (one per patient for ED, outpatient visits and inpatients) to minimize PPE use by parents/caregivers.

| Quick Reference for Staff Providing Direct Patient Care | |
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| <p>Patients with NO ISOLATION PRECAUTIONS in place</p> <p>***A patient's status can change, therefore a risk assessment must be done before each interaction to determine how to safely care for th patient (i.e. which PPE is necessary for a patient encounter)</p> | <ul style="list-style-type: none"> • Staff will wear procedure mask continuously in between patients, while in clinical units and in situations where they cannot maintain > 2 meters physical distance from each other or from the public • Staff are reminded not to touch their mask with their hands and to clean hands if they do inadvertently touch their mask • Staff should be observant of their own practice and that of their colleagues – anyone seen touching their mask should be reminded to clean their hands immediately • If mask is soiled (felt to be contaminated), wet or damaged, it should be discarded and new mask applied |

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| <p>Patients with DROPLET-CONTACT PRECAUTIONS</p> | <ul style="list-style-type: none"> • Staff are wearing properly donned procedure mask • Will don a gown, gloves and a face shield (over their procedure mask) prior to entering the patient's room • Will doff gown, gloves and face shield following standard doffing steps and leave procedure mask in place. • If mask is soiled (felt to be contaminated), wet or damaged, it should be discarded and new mask applied |
| <p>Patients with combined DROPLET-CONTACT and AIRBORNE PRECAUTIONS for AGMPs (includes all patients with confirmed or suspected COVID-19 who require AGMPs)</p> | <ul style="list-style-type: none"> • Patients on this combined precaution require the use of N95 masks during AGMPs and for designated time periods afterwards (1 hour in negative pressure room, 2 hours in non-negative pressure room); at all other times, these patients are managed on regular Droplet-Contact precautions (above) • When Airborne in effect, required PPE is gown, gloves, N95 and face shield • Staff will wash hands and remove procedure mask and discard • Wash hands and don PPE as per normal • Will doff gloves, gown and face shield following standard PPE doffing steps and will maintain N95 instead of their procedure mask • If mask is soiled (felt to be contaminated), wet or damaged, it should be discarded and new procedure mask applied |
| <p>Patients with CONTACT PRECAUTIONS only</p> | <ul style="list-style-type: none"> • Staff are wearing properly donned procedure mask • Will wear a gown and gloves prior to entering the patient's room • Will doff gown and gloves as per standard doffing steps (and will leave their procedure mask on) when exiting the patient room |
| <p>Patients with AIRBORNE PRECAUTIONS only</p> | <ul style="list-style-type: none"> • If patient is solely on Airborne precautions, required PPE is N95 • Staff will wash hands and remove procedure mask and discard • Wash hands and don N95 as per routine practice |

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| | <ul style="list-style-type: none"> • After providing care, staff will maintain N95 instead of their procedure mask • If mask is soiled (felt to be contaminated), wet or damaged, it should be discarded and new mask procedure applied |
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Basics

- Personal procedure mask to be worn at all times in clinical care areas (nursing station and other workstations on the unit are considered as part of the clinical area) and throughout CHEO where HCW are unable to maintain physical distance of 2 metres between themselves and others at all times
- Mask may be removed for breaks in staff lounges or when off the unit unless on patient transport; physical distancing should be maintained at all times when mask not in use
- Same mask may be worn continuously over the course of multiple patient encounters with different patients as long as mask is deemed to have not been contaminated by the nature of the care provided
- Be extra cautious to not touch your personal procedure mask when it is in place and perform hand hygiene immediately if you do inadvertently touch it or adjust it
- Mask should be changed when it is deemed contaminated (soiled), is wet or damaged at the discretion of the HCW
- Existing CHEO policy guides the selection and use of PPE for patient care (see IPAC manual on CHEOnet)
- Patients suspected or confirmed with COVID-19 require Droplet-Contact precautions for all HCW interactions unless they are undergoing aerosol-generating medical procedures and then they require Droplet-Contact and Airborne precautions (see Interim IPAC guidance for COVID-19 on CHEOnet)

Step by Step Instruction

Arrival to CHEO Staff Entrance

1. Perform hand hygiene upon entry to CHEO building & area of work
2. All staff will receive one (1) procedure mask (no visor) from the staff entrance validators
3. Rest of daily UMP mask allocation will be received in the Clinical area/unit/department
 - a. CHEO Staff and Medical staff expecting to enter a clinical unit, will receive UMP procedure mask (no visor) – 2 masks for 8 hour shift, 3 masks for 12 hour shift (1 mask per 4 hour block of scheduled shift).
 - b. CHEO Staff and Medical staff not expecting to enter a clinical unit and perform direct patient care will receive one procedure mask

- c. CHEO Medical Residents working longer than a 12 hour shift may receive additional allocated masks on their designated clinical unit

When in common areas of the hospital

1. Procedure mask does not need to be worn, as long as physical distancing (minimum 2 meter spacing) can be respected.
2. If physical distancing cannot be respected, then procedure mask should be donned as per proper donning procedure and worn while in common areas.

Entering and exiting the room of a patient on NO additional (isolation) precautions

- HCW is wearing their procedure mask
- Hand hygiene
- Enter room, provide care, exit room
- Hand hygiene
- Leave procedure mask on

Entering and exiting the room of a patient on DROPLET-CONTACT precautions

- HCW is wearing their procedure mask
- Hand hygiene
- Put on gown
- Put on face shield
- Put on gloves
- Enter room, provide care, prepare to doff PPE near exit of room
- Remove gloves and discard
- Remove gown and place in soiled linen hamper
- Remove face shield and discard in collection bins
- Hand hygiene
- If mask is contaminated, doff now
- Otherwise, exit patient room
- Hand hygiene
- Procedure mask is left on unless the HCW deems that it has been contaminated by the nature of the care provided

Entering and exiting the room of a patient on combined DROPLET-CONTACT and AIRBORNE precautions (patients with confirmed or suspected COVID-19 who require aerosol-generating medical procedures)

- HCW is wearing their procedure mask
- In the anteroom, perform hand hygiene
- Remove procedure mask and discard
- Hand hygiene
- Put on gown

- Put on fit tested N95 and do seal check
- Put on face shield
- Put on gloves
- Enter room, provide care and prepare to doff PPE near exit
- Remove gloves
- Remove gown
- Hand hygiene
- Exit room
- Hand hygiene
- Remove face shield and discard in collection bins
- If mask is contaminated, remove and discard now
- Otherwise, HCW should continue wearing the N95 in place of their personal procedure mask until next change

Entering and exiting the room of a patient on CONTACT precautions only

- HCW is wearing their procedure mask
- Hand hygiene
- Put on gown
- Put on gloves
- Enter room, provide care, prepare to doff PPE near exit of room
- Remove gloves and discard
- Remove gown and place in soiled linen hamper
- Hand hygiene
- Exit patient room
- Leave procedure mask on

Entering and exiting the room of a patient on AIRBORNE precautions only

- HCW is wearing their procedure mask
- In the anteroom, perform hand hygiene
- Remove procedure mask and discard
- Hand hygiene
- Put on fit tested N95 and do seal check
- Enter room, provide care and prepare to exit room
- Hand hygiene
- Exit room
- Hand hygiene
- If N95 mask is contaminated, remove and discard now
- Otherwise, HCW should continue wearing the N95 in place of their personal procedure mask until next change

HCW going to break in staff lounge or off the unit for non-patient care reasons (coffee shop, cafeteria)

- HCW is wearing a procedure mask
- Hand hygiene
- Remove and discard if desired
- Maintain physical distance (>2 m) from other HCW and general public at all times when not masked
- Put on new procedure mask after break when re-entering the clinical care area