



## Healthcare Worker Masking Guidelines during COVID-19 Pandemic

### Frequently Asked Questions (FAQ)

***\*PLEASE NOTE: This information is current as of April 7, 2020 and is subject to change.***

After careful consideration and in alignment with many other health care facilities across Canada, the Nova Scotia Health Authority (NSHA) will be implementing a new practice around masking of its health care workers (HCW) during the COVID-19 pandemic. Specifically, physicians and staff working in or moving through patient care areas will be asked to wear a procedure mask throughout their entire shift at all sites. One (1) procedure mask per shift will be distributed by unit/team leadership to the HCW. Unit managers will have access to additional masks should they be required.

**For information regarding the distribution/collection of masks at the start of your shift, please contact your manager or designate.**

#### **1. Why are we being asked to wear the same mask throughout the day?**

- Several other provinces have seen a rapid increase in the prevalence of COVID-19 in their communities, leading to outbreaks at long-term care homes and exposures in hospitals. As we begin to see increasing community spread in Nova Scotia (NS), we want to be ahead of this situation.
- Some staff have been coming to work with mild symptoms, which they do not necessarily perceive to be an infection, or coming to work well and then developing mild upper respiratory tract infection symptoms while on duty. This poses a safety risk to our patients and other staff that can result in significant exposures and require quarantine/isolation of staff.
- We are therefore taking increased measures to ensure the continued safety of staff and patients.
- Given the expected challenge in maintaining our supply of PPE, this strategy, if used well, may conserve our supply of procedure masks while enhancing the safety of patients and HCWs.

#### **2. Why are we not giving patients masks?**

Patients are screened upon admission for respiratory symptoms and risk factors. Those who are suspected or confirmed to have COVID-19 are put on droplet and contact precautions. Given the potential for PPE shortage, we have elected not to provide inpatients with masks for source control unless they are out of their rooms for necessary medical tests and procedures.

#### **3. Which staff members should wear masks?**

- **Any HCWs who have any face-to-face (direct) or indirect contact with patients in a patient care area should wear a mask.** If you are uncertain if you are included in this definition, please contact your

manager.

- Staff members who do not work in patient areas and are not patient-facing do not require masks. They are asked to work at home whenever possible, practice social distancing when at work, perform hand hygiene regularly, and not come to work when ill.
- Masks should only be worn on days when working in a patient care area.

#### **4. Can I bring my OWN procedure masks?**

No. At this time, NSHA does not support personnel bringing in their own supply of masks. Our procedure masks are controlled for quality and we cannot be sure that masks coming from elsewhere meet our quality standards without additional evaluation.

#### **5. We have been asked to wear a mask at all times during our shift. When can I remove the mask?**

- The mask should be removed whenever a staff member is taking a break, eating a meal, or using the restroom. Social distancing (2 metres) **MUST** be maintained at all times when not wearing a mask.
- Remove the mask using the straps, fold in half at the nosepiece (with the front (patient-facing) side in and the side that will be against your face out) (see video)
  - The mask should be stored in a safe place in a clean, dry paper bag labeled with your name). **The bag should be discarded after each use.**
  - A personal locker – If readily available, the mask may be stored in a locker with a hook. Pay close attention not to contaminate the mask in this space.
  - Make sure that the mask can be clearly identified as yours: put your name on the bag before use
- Meticulous hand hygiene should occur before and after removing your mask and before putting the mask back on the face.

#### **6. When is it appropriate to DISCARD my mask and use a new one?**

Your mask should be discarded and replaced when:

- Visibly soiled.
- It makes direct contact with a patient.
- It becomes so moist/humid that its integrity is affected.

#### **7. How can I tell if my mask is soiled and should be discarded?**

- If the mask is directly exposed to respiratory droplets (saliva/cough/sneeze).
- If you touch the mask accidentally with visibly soiled hands, it should be replaced.

- Note: If the mask is covered with a face shield that was properly placed to completely cover the face, the mask is protected from these droplets.

**8. Do I need to replace my mask after entering a Contact Isolation room?**

No. If you have not met any of the above criteria to discard the mask, you do NOT need to replace the procedure mask. Perform diligent hand hygiene after exiting the room.

**9. What if I need to be present during an aerosol-generating medical procedure (AGMP)?**

- Perform hand hygiene and remove your procedure mask (place in dedicated bag/storage area – see above).
- Don a fit-tested N95 Respirator and whichever PPE is required based on additional precautions posted outside the room (read signage carefully, may include gloves/gown/face shield).
- Upon leaving the room, doff PPE appropriately. After performing hand hygiene, re-don your procedure mask.

**10. What do I do if I walk into a droplet precautions room?**

- Don eye protection (e.g.: goggles, face shield)
  - If a face shield is used, the procedure mask can continue to be used as the face shield acts as a barrier preventing the mask from being exposed to respiratory droplets.
  - If goggles are used, the procedure mask you are wearing will need to be discarded and a clean one put on. You will need to have a clean mask available outside the room to be available when the old mask is removed just before you leave the droplet precautions room.
- Disposable face shields are to be discarded after use; reusable face shields are to be cleaned and disinfected after each use. As the situation evolves, the reuse of disposable face shields will be re-evaluated and will be communicated to staff if instructions change.
  - When exiting the room, doff PPE in prescribed order (gloves, gown, hand hygiene, eye protection, mask, hand hygiene). Do not forget to disinfect goggles or the reusable face shields if used.
- Don your assigned procedure mask after performing hand hygiene.

**11. How else can I protect myself?**

- Avoid touching the mask unless necessary for donning/doffing and then , only by the straps
- Ensure you are wearing the procedure mask appropriately

- The mask should fully cover your mouth and nose
  - Pull the mask down to cover your chin
  - Press down to mold the metallic strip over the bridge of your nose.
- Do not partially remove the mask by pulling down under your chin. The mask is either fully on, or fully off. Do not hang the mask around your neck or from your ear.
- Avoid touching the mask at all times.
- If you must readjust the mask, or are donning/doffing for the reasons described above, ensure you perform hand hygiene immediately before and after doing so. Do not adjust the mask with a gloved hand.
- Clean your hands before and after touching the mask for any reason.
- Clean your hands before and after every patient contact.
- Do NOT come to work when ill. Contact Occupational Health as soon as possible if you do become ill.

#### **12. What else do I need to think about?**

- Do NOT attempt to sanitize/clean the procedure mask.
- If you have discarded your allocated mask, report to the unit where you acquired your mask at the beginning of the shift to request a new one.