

DIRECTIVE 3.22	Use of Masks to Prevent Transmission of Respirato Viruses		DOMAIN People and Teams
Sponsor: Chief Quality and Privacy Officer & Chief Human Resource Officer		Date Approved: October 17, 2024	
		Date Effective: October 17, 2024	
Communicable Diseases Advisory Committee		Date of Next Review: October 2027	
Leads: Corporate Director, Occupational Health, Safety, and Wellness			
Corporate Director Infection Prevention & Control For further information please contact covenantpolicy@covenanthealth.ca			

Purpose Statement:

- To provide direction on the use of masking strategies that will help in preventing the transmission of respiratory viruses e.g. respiratory syncytial virus (RSV), influenza, COVID-19, etc.
- To clarify and provide decision support for approval and implementation of masking requirements in Covenant Health settings for Covenant Health people.
- To provide guidance to patients, designated family/support persons, and visitors who
 may be required to wear a mask when entering or in Covenant Health settings to help
 prevent the spread of respiratory viruses.

Alberta Health Services Directive **HCS-315** <u>USE OF MASKS TO PREVENT TRANSMISSION OF</u> **RESPIRATORY VIRUSES** is adapted for use by Covenant Health

Applicability:

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

Responsibility:

All Covenant Health facilities, staff, medical staff, students, volunteers and any other persons acting on behalf of Covenant Health.

Principles

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 respiratory viruses. Working collaboratively, we ask individuals to assist us in limiting the spread of respiratory viruses through the use of masks/respirators in Covenant Health settings in order to protect both patients and Covenant Health people. Covenant Health promotes education (e.g., prevent strategies, and public awareness to prevent the spread of respiratory viruses to Covenant Health people, patients, designated family/ support persons, and visitors.

Sections 2-4 of this Directive only apply to Covenant Health acute care facilities where the site leadership, Covenant Health Leadership and Zone Executive Leadership have determined it is necessary to implement this Directive. All Covenant Health people must follow Infection Prevention and Control (IPC) Routine Practices and Additional Precautions as required by <u>Infection Prevention and Control Risk Assessment (IPC RA)</u> for Personal Protective Equipment (PPE) Selection to make decisions on what PPE to use in the routine care of patients.

1. Points of Emphasis for All Covenant Health Settings

- 1.1 Section 1 of this Directive applies to all Covenant Health settings.
- 1.2 Covenant Health encourages masking by Covenant Health people, patients, designated family/support persons and visitors at all Covenant Health settings.
- 1.3 Masking is required at all Covenant Health settings for Covenant Health people, patients, designated family/support persons and visitors in the following circumstances:
 - a) If required by a Medical Officer of Health during an outbreak according to the Communicable Disease Control Outbreak Guidelines:
 - b) For Covenant Health people, as identified by Standard 3.19 Attendance at Work and Respiratory Virus Symptoms;
 - c) When a masking poster is posted on patient doors; or
 - d) When in contact with a severely immunocompromised patient.
- 1.4 Additional PPE may be required for Covenant Health people based on the <u>Covenant Health Infection Prevention and Control Routine Practices</u>, <u>Infection Prevention and Control Risk Assessment (IPC RA)</u> for Personal Protective Equipment (PPE) Selection and Joint Statement: COVID-19 and Personal Protective Equipment.
- 1.5 Covenant Health people must perform hand hygiene in accordance with the Covenant Health policy VI-10 <u>Hand Hygiene</u> and VI-10.PROC.1 <u>Hand Hygiene</u> <u>Procedures</u>.
- 1.6 Covenant Health people who are unable to mask shall inform their Manager, as per the Covenant Health policy II-180 Duty to Accommodate Policy and Procedure:

 Injury, Illness and/or Disability
- 1.7 Covenant Health people shall be trained in the correct use of any PPE (including masks) that is required for their role.
- 1.8 When entering a Covenant Health acute care facility where masking is required for patients, designated family/support persons and visitors, procedure masks and hand hygiene supplies shall be available at the entrance.

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- 2. Decision Making for Implementing Enhanced Masking Requirements in Acute Care Facilities and, Emergency Departments.
 - 2.1 The requirements outlined in Sections 2 to 4 of this Directive only apply to Covenant Health acute care facilities, and emergency departments.
 - 2.2 Site Leadership may recommend the implementation of Sections 2 to 4 of this Directive at their facility. Site Leadership and Zone Executive Leadership shall work collaboratively on the final decision for implementing this Directive.
 - 2.3 The decision to implement Sections 2 to 4 of this Directive shall be made when in the absence of enhanced masking, respiratory viruses is or is expected to imminently pose a significant risk to health outcomes for patient populations and/or have a substantial negative impact on capacity at the Covenant Health facility.
 - The decision to implement Sections 2 to 4 of this Directive shall be based on a risk 2.4 assessment done in collaboration with the Zone Medical Officer of Health and shall consider the criteria below in the following order of importance. It is not necessary that all criteria are met to implement Sections 2 to 4 of this Directive.
 - outbreak number, size, and impact; a)
 - new hospitalizations in people with respiratory viruses; b)
 - percentage of beds occupied by patients with respiratory viruses; c)
 - d) test positivity; and
 - e) situational context, including, but not limited to:
 - (i) the physical layout of the Covenant Health facility;
 - (ii) risk of service disruption, capacity and staffing challenges;
 - (iii) Covenant Health people working in multiple locations within a facility or geographic area; and
 - (iv) ability to prevent spread of respiratory viruses at the Covenant Health facility.
 - 2.5 The decision to implement Sections 2 to 4 of this Directive shall be reviewed when circumstances related to the risk assessment change.
 - 2.6 Additional masking requirements beyond those outlined in Sections 2 to 4 may be implemented in acute care facilities, emergency departments, urgent care centres and advanced ambulatory care centers (e.g., requiring masking for patients, visitors and designated family/support persons in Cancer Care units with vulnerable patient populations).

- a) Site Leadership and Zone Executive Leadership (shall collaboratively make his decision based on their risk assessment.
- b) Additional requirements can only be implemented if Sections 2 to 4 are also implemented.
- 2.7 When enhanced masking is implemented as per Section 2, Site Leadership shall ensure all requirements (including identification of impacted facilities) are communicated to COV people, patients, designated family/support persons, and visitors.
- 2.8 Decisions to end implementation of Sections 2 to 4 of this Directive or to any additional masking requirements beyond this Directive shall be collaborative between Site Leadership and Covenant Health Leadership/ Zone Executive Leadership.
- 3. Enhanced Masking Requirements for Covenant Health People in Acute Care Facilities and Emergency Departments.
 - 3.1 When Sections 2-4 of this Directive have been implemented in accordance with Section 2 (above), Covenant Health people are required to mask in an Covenant Health acute care facility when they are in an area where they may come into contact with or that is accessible to patients or designated family/support persons (e.g., patient care areas, elevators/staircases/hallways, common areas, gift shops, cafeterias) and where required, as per the infection Prevention and Control Risk Assessment for Personal Protective Equipment (IPC RA) for Personal Protective Equipment (PPE) Selection.
 - a) Wearing a mask is optional for Covenant Health people when they are in an area where there is no contact with patients (e.g., staff break rooms/meeting rooms, corporate settings, health records departments).
- 4. Enhanced Masking for Patients, Designated Family/Support Persons, and Visitors in Acute Care Facilities
 - 4.1 When Sections 2-4 of this Directive have been implemented in accordance with Section 2 (above), patients, designated family/support persons, and visitors are required to mask in Emergency Departments located in acute care facilities.
 - 4.2 Patients, designated family/support persons, and visitors do not need to mask if they:
 - a) are under two (2) years old;
 - b) are in their bed space; or
 - c) are unable to place, use, or remove a mask without assistance.

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4.3 When Sections 2-4 of this Directive have been implemented in accordance with Section 2 (above), if patients or designated family/support persons, or visitors decline to mask, the health care team should work collaboratively with them to find the most appropriate and safest solution for the situation. No patient shall be denied services.

Definitions:

Use of Masks to Prevent

Covenant Health acute care facility means a facility where acute care services are provided, including other care provided at the facility (e.g., Ambulatory Care, Emergency Departments, Diagnostic Imagine, Laboratory Services, etc.).

Covenant Health people means Covenant Health employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Covenant Health (including contracted service providers as necessary).

Covenant Health setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Covenant Health.

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 Family/Visitors of Patients/Residents below 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 Covenant Health.

Patient means an adult or child who receives or has requested health care or services from Covenant Health and its health care providers or individuals authorized to act on behalf of Covenant Health. 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.

Respiratory viruses means infective agents that (i) are only able to multiply within living cells, (ii) cause infection and resultant symptoms in the respiratory tract (e.g. nose, sinuses, throat, airway, lungs), and (iii) can be transmitted from the respiratory tract of an infected person to other people, thereby spreading the infection. Examples of respiratory viruses include influenza, COVID-19, respiratory syncytial virus, rhinovirus, human metapneumovirus, parainfluenza.

Site leadership means the individual(s) responsible for a specific facility of operation within Covenant Health.

Zone Executive Leadership means the leadership team consisting of a Chief Zone Officer and a Zone Medical Director, which shares responsibilities and accountabilities for the clinical and operational decision-making of their designated zone.

Relevant Covenant Health Policy and Policy Support Documents:			
A.	Policies:		
	VI-10 <u>Hand Hygiene</u>		
	II-180 Duty to Accommodate Policy and Procedure: Injury, Illness and/or Disability		
В.	Procedures:		
	V1-10.PROC.1 <u>Hand Hygiene Procedures</u>		
C.	Guidelines:		
D.	Job aids:		
	Infection Prevention and Control Risk Assessment (IPC RA) for Personal Protective Equipment (PPE) Selection		
E.	Standards:		
L .	3.19 Attendance at Work and Respiratory Virus Symptoms		
	5.15 Attendance at Work and Respiratory Virus Cymptoms		
Keywords:			
Poforonces:			

References:

Alberta Health Services Governance Documents:

<u>Family Presence: Designated Family/Support Person and Visitor Access Policy</u> (#HCS-199)

Hand Hygiene Policy (#PS-02)

Hand Hygiene Procedure (#PS-02-01)

Workplace Accommodation Policy (#1156)

Alberta Health Services Resources:

Family/Visitors of Patients & ResidentsFit for Work

<u>Infection Prevention and Control Risk Assessment (IPC RA) for Personal Protective Equipment</u>
(PPE) Selection

Infection Prevention and Control (IPC) Routine Practices

COVID-19 Information for Albertans

Interim IPC Recommendations during COVID-19

Joint Statement: COVID-19 and Personal Protective Equipment

Personal Protective Equipment (PPE)

Non-Alberta Health Services Documents:

Respiratory Illness

Respiratory Illness Self-Assessment for Albertans

Past Revisions:

Effective Date
October 17, 2024

PSD Number 3.22

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October 23, 2023 - Previously called "Use of Masks to Prevent Transmission of COVID-19"

Alberta Health Services document <u>USE OF MASKS TO PREVENT TRANSMISION OF COVID -19</u>
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