

Ministry of Health

Guidance for mask use in long-term care homes and retirement homes

Version 1 – April 15, 2020

Please check the [Ministry of Health \(MOH\) COVID-19](#) website regularly for updates to this document, FAQs, and other information.

This guidance is intended to support the implementation of Directive #3 (dated April 15th, 2020) by long-term care homes under the *Long-Term Care Homes Act, 2007*, and retirement homes under the *Retirement Homes Act, 2010*. It also applies to any guidance, advice or recommendations issued by the CMOH (see ss.1(O.b) paragraph (ii) of O. Reg. 68/20 made under the *Retirement Homes Act, 2010*).

Please check the [Directives and Memos](#) website regularly for updates.

Who Does Directive #3 apply to?

Directive #3 must be implemented and followed by all long-term care homes under the Long-Term Care Homes Act, 2007. In accordance with O. Reg 68/20 made under the Retirement Homes Act, 2010, retirement homes within the meaning of that Act must take all reasonable steps to follow any directive respecting COVID-19 that is issued to long-term care homes under section 77.7 of the Health Protection and Promotion Act. This also applies to any guidance, advice or recommendations issued by the CMOH (see ss.1(O.b) paragraph (ii) of O. Reg. 68/20 made under the Retirement Homes Act, 2010).

Who should be masked?

Staff masking

Long-term care homes and retirement homes should immediately ensure that all staff wear surgical/procedure masks at all times. This is required for all homes; those in outbreak and those not in outbreak.

During breaks, staff may remove their surgical/procedure mask, but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.

Essential Visitor Masking


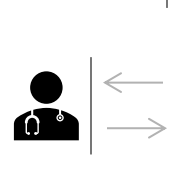
Essential visitors must also wear a surgical/procedure mask at all times while in the home. Any essential visitor in contact with a resident who has COVID-19, should also wear appropriate personal protective equipment (PPE) in accordance with Directive #1 and Directive #5.

Resident Masking

Directive #3 does not recommend universal masking of residents. Further guidance about masking of residents is provided in the Directive #3 and Outbreak Guidance for Long-Term Care Homes available on the [Ministry of Health \(MOH\) COVID-19](#).

How Do Masks Help to Keep Homes Safe During a Pandemic?

It is important to understand that the same surgical/procedure masks can be used for independent goals: as source control and/or as part of the equipment used as Personal Protective Equipment (PPE).

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|  | <ul style="list-style-type: none"> • Source control = to prevent the worker from spreading their illness to others |
|  | <ul style="list-style-type: none"> • Personal Protective Equipment = to stop the spread of illness from residents to workers or to other residents |

Universal masking of staff and essential visitors is intended to reduce the risk of transmitting COVID-19 from staff or essential visitors to residents or other staff, at a time when no symptoms of illness are recognized, but the virus can be transmitted. More information about universal masking can be found on Public Health Ontario's website.

As described in Directives #1 and #5, any health care worker (HCW) entering the resident's environment should conduct a point of care risk assessment to determine the appropriate type of PPE required.

Recommended Implementation Approach

Masks for Source Control Measures:

- All healthcare workers who interact with residents, or who enter a resident area for any reason (e.g. Environmental Services, dietary aides, recreational staff, etc) should be provided with a minimum of two (2) surgical/ procedure masks per day.
- All other workers whose functions do not put them into contact with residents or resident areas, should be provided a minimum of one (1) surgical/ procedure mask for each day.
- A mask must be worn by staff at all times while in the home (with the exception of breaks while remaining two metres away from other staff)
- External medical service providers and essential visitors entering the home are expected to provide their own surgical/ procedure masks and/ or PPE as required (unless there are existing arrangements with the home).

Masks as part of Personal Protective Equipment:

- In accordance with [Routine Practices](#), a HCW must wear PPE appropriate for the circumstances following a point of care risk assessment and when there is a risk of contamination from a resident's secretions.
- HCW must use PPE appropriate in the circumstances for residents who are in Droplet/Contact Precautions (for any reason) while providing direct care or within the resident bed space.
- HCWs should assess their risk of contamination based on:
 - their planned interaction with the resident - the type of care that will be provided (most important),
 - considering the length of time they will be in the resident's environment,
and

- the COVID status of the resident, or any other droplet/ contact transmissible infection.

For example – *different resident interactions and different decisions about masks and PPE:*

- ❖ Situation 1: a recreation assistant or a Personal Support Worker (PSW) is observing a resident during an activity and without direct contact with the resident. A mask is worn as part of source control and no additional PPE required, hand hygiene is performed before and after leaving the recreation area.
- ❖ Situation 2: a nurse or a PSW is providing continence care to a resident who is on Droplet and Contact Precautions because of suspected or presumed positive COVID-19 status. In addition to the mask provided through universal masking, the Nurse or PSW puts on gloves, gown and eye protection. All PPE, including the mask, are removed upon completing continence care and hand hygiene is performed. All PPE (including the mask) should be changed as part of doffing procedures after a resident engagement, or care is completed for a cohorted group. An additional mask should be donned as a source control measure.
- ❖ Situation 3: a Nurse or a PSW is checking on residents during rounds on night shift or delivering a tray to the residents – the HCW remains more than 2 metres away from resident at all times and continues to wear a mask as part of source control.

More information about precautions for COVID-19 can be found in Directives #1 and #5.

When Should Masks be Changed?

- Masks used for source control can be used continuously for repeated close contact encounters who are not in isolation, *without being removed between resident interactions* and provided they do not need to be disposed of (see below).

- Masks used as PPE - for providing direct care where there is a risk of contamination - should be changed as part of routine doffing procedures. However, when cohorting measures have been implemented, the same mask can be used across several resident interactions within the 'cohort' (e.g., if all COVID-19 confirmed positive cases are grouped geographically together within a home as indicated by public health; staff work only with COVID-19 positive OR negative residents) and provided the mask does not need to be disposed of between interactions (see below).

A mask must be disposed of if:

- it becomes visibly soiled,
- it makes contact with the resident or their droplets/ secretions (unanticipated),
- it becomes very moist such that the integrity becomes compromised, or
- it is being changed as part of doffing of PPE after a resident engagement, or care is completed to a cohorted group (i.e., those in Droplet/ Contact Precautions).

While the same mask, eye protection and gown may be used between cohorted residents, gloves must be removed and disposed of, followed by proper hand hygiene practices and new gloves that must be applied between each resident.

Conservation of Supplies

Every effort should be made to conserve masks and other supplies used as PPE within a home. These supplies should be provided to support the safety of staff, essential visitors and residents, but at no times should be overused or used where not warranted. To this end and in addition to foundational training, HCWs and administrators of long-term care homes and retirement homes should fully understand:

- the hierarchy of controls
- minimum recommended standards for PPE
- the difference between source control and PPE

- how to conduct a point of case risk assessment to choose appropriate PPE for their planned interaction with the resident
- how to safely don and doff equipment, including how and when to safely reuse masks. More information about donning and doffing masks and other supplies can be found on [Public Health Ontario's website](#). These reuse conditions may change if there are critical shortages of supplies used in PPE.
 - *If reusing masks, staff must remove their mask by the ties or elastics taking care not to touch front of mask, and carefully store the mask in a clean dry area, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again.*
 - *Masks can be stored between periods of use in a closed, breathable container such as a paper bag (e.g., not plastic bags). Storage should not be for more than one day at this time. Bags should be clearly labelled with the staff person's name. Staff should inspect the mask prior to use to ensure that it does not need to be disposed of (e.g., visibly soiled or wet). Careful handling of the mask and proper hand hygiene is needed before and after donning the mask. Bags should be disposed of after storage.*
 - *For example, as part of a conservation strategy in times of supply shortages, masks that do not need to be disposed of and have been used as source control can be taken off during breaks and placed in a paper bag.*
- how to access additional masks and other PPE as needed.

Public Health Ontario has many educational resources available on their [website](#). Local public health units and health and safety associations also have valuable educational resources.