



Healthcare Worker Masking Guidelines during COVID-19 Pandemic

Frequently Asked Questions (FAQ)

****PLEASE NOTE: This information was originally shared April 7, 2020 and was last updated May 19, 2020. The information 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. 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.

2. How does NSHA define a “patient care area?”

Patient care areas are any area in which patients receive treatment or care. In these areas, it is difficult to maintain physical distancing of two metres or more, and so, staff are asked to wear a mask.

3. 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.
- If your mask becomes soiled or wet (including sweaty) throughout your shift, your manager will have a supply of additional masks.

4. 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 lengthwise from top to bottom (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.

5. Do all staff have to wear masks every day, all day when they are only seeing patients part of that time and are able to socially distance otherwise? Can they remove and put back on when in close proximity to patients?

If staff can and will reliably physically distance at every other time and are skilled at properly wearing and removing/storing their mask, the strategy of removing and putting on again when in proximity to others would work. Unfortunately, we see a lot of distancing infractions and mask use bloopers. For that reason we recommend masking for the duration of your shift, except for the times noted in the answer to question 3.

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

If your mask gets soiled during the course of your shift, you can request an additional mask as needed. 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 (this includes sweat).

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.
- If your mask is soaked with sweat.
- 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. How often should I discard and replace the paper bag in which I'm storing my mask?

The paper bag should be discarded after each use.

9. What if I get a mask that doesn't fit properly?

It's important that your mask fits you properly so that it doesn't fall off. Please talk to your supervisor if you've been given a mask that does not fit properly.

10. Can you clarify if it is mandatory or optional for those working in patient care areas to wear a mask?

All staff working in patient care areas are expected to wear a mask. This is to protect them, their patients, and their co-workers.

11. 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.

12. Should the protocol be to put a mask on all patients who are transported from their floors to other areas?

No, not every patient needs to wear a mask when being transported. Usually the only patients who need to wear a mask when being transported are those on droplet precautions.

13. Why are we not providing masks to every individual that enters the hospital, to combat this virus?

The risk of an asymptomatic person passing on the virus remains very low, especially if our health care workers are doing universal masking and doing good hand hygiene. As well, although we have a good supply of procedure masks now, pandemics are unpredictable and there may be supply shortages later. We need to reserve our supply of medical masks to those who need them most: our health care workers and those patients who are on droplet precautions.

14. Wouldn't it make sense for staff to have a separate entrance into the hospital from the general public to lessen the risk of spreading?

Not necessarily. We have so few visitors right now that it should be possible for staff to physically distance from the general public. As well, if we reduced the number of entrances for staff to use, it is conceivable that it would be harder for them to physically distance from each other when coming to work and before they get their mask for the shift.

15. Do staff have to wear masks in their office if not seeing a patient in person but they are in a clinic where patients are still being seen? If a clinic is only doing virtual patient visits, are they excluded?

Staff and physicians who are able to physically distance themselves from patients and each other by two metres or more while in the outpatient area, or who are providing care virtually, would not need to wear a mask.

16. If staff are behind plexiglass, do they need to be wearing a mask?

No. Because they are protected by a physical barrier, they do not need to wear a mask during those times. At other times, they need to remember to physically distance from patients and co-workers.

17. Do staff who work in non-patient care areas need a mask?

First of all, it's important to remind staff that if you are experiencing symptoms of respiratory illness, you should stay home.

If you are working in a non-patient care area, your first and best line of defence against COVID-19 is physical distancing, along with good hand hygiene and cleaning of high-touch surfaces. If your work environment is such that you're **not** currently able to practice physical distancing, talk with your supervisor to explore whether the environment can be adjusted to allow physical distancing between coworkers. If that is absolutely **NOT** possible, talk with your manager about whether a mask is appropriate.

It's important to note that the risk of an asymptomatic person passing on the virus remains very low.

18. Why are different kinds and colours of procedure masks being provided to NSHA staff? Do all of these masks meet the same quality standards?

NSHA has been following a number of different leads to secure personal protective equipment such as procedure masks. It's important to note that Supply Chain **only** follows up on PPE that adheres to very specific and rigorous [federal standards](#). You can rest assured that any PPE supplied by NSHA meets these safety standards, regardless of whether there are differences in appearance or colour.

19. 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.

20. Can health care workers wear homemade masks at work?

No. There is no plan to use homemade masks in the workplace at this time. This is consistent with what other health care organizations are doing. Staff working in patient care areas are expected to wear a procedure mask while at work. Staff working in non-patient care areas are expected to socially distance if they must work from a facility.

21. 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.

22. What if I need to be present during an aerosol-generating medical procedure (AGMP) with a patient who has been identified as a suspect or confirmed COVID-19 case?

- 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.

23. 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.

24. Does the one mask per shift apply to perioperative staff?

Perioperative staff will continue their regular practice of using one mask **per patient case** in surgery, changing to a new mask between cases.

25. Is NSHA aware that most physicians have out sourced and paid for their own N95 respirators and FIT tests?

Many NSHA physicians have been fit-tested through Occupational Health, Safety and Wellness; we presume that they plan to use NSHA PPE. NSHA advises staff and physicians to **only** use PPE provided and approved by NSHA and not to buy or use their own.

26. Why is my PPE different than my coworkers' PPE?

There could be a few reasons for differences in PPE between co-workers:

- The patient's environment or the tasks you are completing are different and therefore require different levels of PPE.
- The PPE for a particular job description, which is based on an **organizational** point-of-care risk assessment, is different than yours. Just as you do an individual point of care risk assessment, the organization has done one on your behalf to determine what protection is likely to be needed in specific roles.
- Because we are receiving supply from a number of different sources, there are cases in which items may differ in colour or style. It's important to note that Supply Chain **only** buys PPE that adheres to [federal standards](#) or that has proof of testing indicating that they meet these standards, in addition to IPAC approval of a physical sample.
- Some people may think they are not sufficiently protected and choose to wear additional PPE outside of what is indicated. This may actually put the individual at greater risk because the more complex PPE is, the harder it is to take off without self-contamination. In addition, it sets up a situation where others feel they should also have additional PPE.

The best advice for ensuring you are using the appropriate level of PPE is:

- Wear the recommended PPE based on your work activities.
- Identify times when a point of care risk assessment advises that additional strategies may be needed.
- Gain confidence in the PPE you are supposed to use and learn to use it well.
- Trust that others are using their PPE appropriately and that you may not know all of the facts of their situation.
- If you feel strongly that PPE is being used inappropriately, talk to your manager.

27. Is it safe to use an N95 beyond its stated expiry date? Health Canada has provided approval for use of N95 respirators beyond their stated expiry date. As a result, Occupational Health Safety & Wellness are including recently expired N95s in the expanded FIT testing program. Information about this approval can be found on the [Health Canada website](#). As a reminder, when donning an N95

respirator:

- ensure the straps are intact
- ensure there are no visible signs of damage
- perform a seal check

28. 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.

29. 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.