

# Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings

## Applicability

This guidance is in accordance with the Alberta Health Services (AHS) [Use of Masks During COVID-19 Directive](#), [PPE FAQ](#), and the [Joint Statement: COVID-19 and Personal Protective Equipment](#) and is applicable to home care home living, home care clinics and all congregate living settings (long term care (LTC), designated supportive living (DSL), hospice, and other supportive living facilities licensed under the Supportive Living Licensing and Accommodation Act including retirement residences and seniors lodges (LSL)).

## Healthcare Worker (HCW), any setting

### Routine Practices

- Follow Infection Prevention and Control (IPC) protocols including hand hygiene and the use of additional personal protective equipment (PPE) when delivering resident care according to the AHS [Point of Care Risk Assessment \(PCRA\)](#) and [Respiratory Illness \(ILI\) Algorithm](#).
- [Don PPE correctly](#). [Doff PPE correctly](#). Risk of infection and cross contamination increases when these steps are not followed correctly. Practice and have a co- worker observe and provide feedback.
- [Hand hygiene](#) during donning and doffing protects against self-contamination. Hand hygiene must be performed immediately before and after donning or doffing PPE/mask/eye protection.
- An N95 respirator should also be worn for a resident who requires an [Aerosol Generating Medical Procedures](#) (AGMP) and when determined necessary by a PCRA.

## HCW - DSL and LTC inclusive of blended congregate settings (e.g., DSL with LSL where no separation of residents or services can be maintained), Hospice

### Masking Requirements and other COVID-19 specific safety measures

- HCW's shall wear a surgical/procedure mask, seal-checked KN95 or fit-tested N95 respirator (**mask**) at all times and in all areas of their workplace in accordance with the AHS [Use of Masks during COVID-19 Directive](#), the [Joint Statement: COVID-19 and Personal Protective Equipment](#) and public health guidance.
- HCW's who are continuously masking as part of their [Return to Work requirements](#) shall follow all applicable operational guidance [Attending work with COVID-19 symptoms, positive test, or close contact Directive](#).
- [Modified respiratory precautions](#) are required for contact with a resident with suspected, probable or confirmed COVID-19. Required PPE includes a seal-checked KN95 or fit-tested N95 respirator, eye protection, gown and gloves (see the Joint Statement and operator guidance for any operator, site or care stream specific requirements).
- Masks should be immediately changed and safely disposed of whenever they

are soiled, damaged or wet, whenever the HCW feels it may have become contaminated and after care for any resident on additional precautions.

- When taking a break, or eating a meal, the wearer should dispose of the mask and perform hand hygiene. Physical distancing must be maintained when a mask is not worn (i.e., while eating/drinking during break). A new mask should be applied before returning to work.
- After care for any resident with additional precautions (such as contact and droplet precautions or modified respiratory precautions for COVID-19 or influenza-like illnesses), [remove/doff all PPE](#) upon exiting the resident room, or at the exit of a residence.
- Put on a new mask prior to entering a resident care area or congregate setting.
- When assisting residents with showering or bathing, follow IPC guidance on [PPE for Assisting Patient to Shower or Bath](#).
- Refer to [Guidance to help make continuous masking work for you](#).
- When assisting residents with communication challenges consider appropriate [Options and Adaptions](#).

### Eye Protection

- Eye protection remains an important component of precautions for COVID-19, in addition to a mask, gloves and gown. Continuous eye protection must be used when providing care or services within two meters of a patient with suspected, probable or confirmed COVID-19 or who is experiencing symptoms consistent with a respiratory tract infection.
- Eye protection is recommended for all persons, at all times and in all areas of the workplace, in addition to a mask, if the congregate setting has a confirmed COVID-19 outbreak and there is evidence of transmission (see guidance for [Congregate Settings](#)).
- Additional guidance on the use of masks and eye protection can be found in the [Bring My Own PPE to Work](#) and [PPE FAQ](#) resources.

### Residents, any setting

- Residents (inclusive of the term client/patient) in all continuing care settings may choose to wear a mask.
- Residents who are on isolation precautions and have completed the first 5 days of isolation and whose symptoms are resolving (fever free for the last 24 hours without the use of fever reducing medications) may continue the last 5 days of isolation while resuming most normal activities so long as continuous masking is maintained.
- Residents who are required to be within two (2) metres of a HCW while receiving services/care may be asked to wear a mask if deemed appropriate, based on completion of a PCRA. If resident chooses not to wear a mask, HCW should review their PCRA and adjust PPE accordingly (e.g. apply modified respiratory precautions until a thorough symptom and risk factor history can be obtained).
- For residents receiving services in their home (home care home living):
  - Other household members/visitors to the home should be asked to maintain adequate physical distancing of two (2) metres or to be in another room while HCW are present.
  - Household members/visitors who are required/requested to assist with

- care provision may be asked to wear a mask.
- Anyone in the home with symptoms must report this to the HCW prior to the HCW entering the home.

## Visitors – DSL, LTC, Hospice and ADP

- Visitors are required to always wear a mask in all areas of the facility or setting.
  - Visitors may remove their mask, in some situations, in accordance with the [Use of Masks Directive](#).

## Additional Setting or Staff Specific Directions

Staff who have no direct contact with residents or resident items, including but not limited to administration and office staff

- Refer to the AHS Directive: [Use of Mask during COVID-19](#) for guidance on mask wearing for individuals that have no direct contact with patients or patient items.
- In administrative settings (e.g., Southport Tower, Seventh Street Plaza) staff may choose to wear a non-surgical/procedure mask (e.g., their own clean cloth mask).

## Home care staff in a private home/apartment/condominium or LSL

- Continuous masking is required by all home care staff including contracted providers
- For HCW travelling between residences, put on a new mask prior to entering a resident's home/personal residence.
- When the staff member arrives at a resident's home or clinic, always do a PCRA. If any individuals in the home are experiencing symptoms, initiate the appropriate additional precautions. Don appropriate PPE for entry to the residence.
- To dispose of PPE appropriately when completing a home visit:
  - Ask the resident to place a small garbage can with 2 black garbage bags by the front door so you can doff and dispose of your PPE safely. Let the resident know they will need to dispose of your PPE including mask and eye protection.
  - Before you doff your PPE, make sure to ask residents and anyone else in the home to remain two (2) metres back.
  - Put mask in black garbage bag in resident's garbage can.
  - Double bag all garbage, tie/close garbage bag and complete hand hygiene.
  - If any of these steps cannot be done, remove PPE once you're outside of the resident's home. Dispose of the PPE/masks by double bagging black garbage bags (available in PPE kits or from supply carts at home care office). Further information is available in the Provincial Guide: [Community Based Services Waste Disposal](#).

## Adult Day Programs (ADP)

- Continuous masking is required by all ADP staff including contracted providers.
- If any individual attending the ADP begins experiencing symptoms, initiate the appropriate additional precautions including providing the individual with a mask, and isolating the individual until they can leave the site.
- Staff must complete a PCRA prior to providing care and don appropriate additional PPE, if applicable.

## Congregate Settings

Congregate settings with a COVID-19 outbreak where there is evidence of continued transmission (defined as at least 2 confirmed COVID-19 cases)

- Consult the applicable [Outbreak Management Guide](#) for your area
- Consult with the Medical Officer of Health or designate, or IPC for facility specific advice:
  - If you have residents with suspected<sup>i</sup>, probable or confirmed COVID-19 in your facility and there is evidence of transmission despite IPC measures already in place;
  - If you have specific questions about continuous mask or eye protection use in relation to outbreak measures already in place; or
  - If you want to confirm the recommended approach for use of continuous eye protection in your setting.

**Note:** Every scenario is unique and guidance cannot be provided for every possible scenario. For sites/units on outbreak, follow the guidance being provided by IPC/MOH.

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<sup>i</sup> Suspected - management of suspected cases of COVID-19 is consistent with the management of probable cases of COVID-19 in alignment with the definitions set out in the [Public health disease management guidelines: coronavirus – COVID-19 - Open Government \(alberta.ca\)](#).