

TITLE**USE OF MASKS DURING COVID-19****SCOPE**

Provincial

DOCUMENT #

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To clarify and provide decision support for masking requirements in an **Alberta Health Services (AHS) facility** (e.g. hospitals, continuing care, urgent care) or **AHS setting** (including community settings and home care) for **AHS People**.
- To provide direction on the use of masking strategies that will help in preventing the transmission of COVID-19.
- To provide guidance to **patients, designated family/support persons**, and visitors who are required to wear a mask when entering or in AHS facilities to help prevent the spread of COVID-19.

PRINCIPLES

Continuous 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 COVID-19. Working collaboratively, we shall ask all individuals to assist us in limiting the spread of COVID-19 through the use of masks/respirators in AHS facilities.

AHS requires continuous masking by **health care providers** who work in AHS facilities or AHS settings. AHS promotes education (e.g., AHS [Information for Albertans](#)), prevention strategies, and public awareness to prevent the spread of COVID-19 to health care providers, patients, designated family/support persons, and visitors.

APPLICABILITY

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

ELEMENTS

1. Masking Requirements Where Chief Medical Officer of Health (CMOH) Orders Apply

- 1.1 [Chief Medical Officer of Health \(CMOH\) Order 09-2022](#) mandates compliance with this Directive by any person at an AHS facility, unless an exception as listed in the Order applies.
- 1.2 [CMOH Order 09-2022](#) outlines that exceptions to the masking mandate due to a health condition must be verified by a medical exception letter from an authorizing professional that includes all required information stated in [CMOH Order 09-2022](#).
 - a) Additional masking requirements for individuals following isolation are set out in [CMOH Order 04-2022](#) and [CMOH Order 02-2022](#).
- 1.3 For Designated Supportive Living (DSL), Long-term Care (LTC), and Hospice settings (referred to as congregate care settings), refer to [CMOH Order 06-2022](#).
- 1.4 All references to CMOH Orders in this Directive includes any CMOH Order that replaces or amends it. In case of conflict between a CMOH Order and this Directive, the CMOH Order prevails.

2. Points of Emphasis for AHS People

- 2.1 AHS People are required to continuously mask in AHS facilities or AHS settings (refer to the AHS [COVID-19 Relaunch Playbook](#) and the [Joint Statement: COVID-19 and Personal Protective Equipment](#)) when:
 - a) working in patient care areas;
 - b) providing direct patient care;
 - c) in all areas of an AHS facility or AHS setting (both clinical and non-clinical). This includes any area within an AHS facility or AHS setting where there may be contact with patients, designated family/support persons, visitors, or the public (e.g., elevator, common areas, gift shops); or
 - d) performing job duties (e.g., environmental health, public health) while engaging with the public.

- 2.2 Where required by the AHS [Point of Care Risk Assessment \(PCRA\)](#), AHS People should always use the **N95** respirator model for which they were fit-tested. **KN95** respirators are available as an alternative to a procedure mask in some settings and do not require fit-testing. KN95 respirators should never replace a fit-tested N95 respirator where required by legislation, governance or where required as per the AHS [Point of Care Risk Assessment \(PCRA\)](#).
- 2.3 AHS People shall be trained in the correct use of any PPE (including masks) that is required for their role. Hand hygiene must be performed in accordance with the AHS [Hand Hygiene Policy](#) and [Procedure](#).
- 2.4 AHS People who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace unless they are at a work space separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office.
- a) Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS People choose to wear a non-procedure mask (e.g., their own clean cloth mask).
- 2.5 AHS People who are **unable to mask** shall inform their Manager as per the AHS [Workplace Accommodation Policy](#).
- 2.6 Follow the AHS [Interim IPC Recommendations during COVID-19](#) including hand hygiene and the use of additional PPE equipment when delivering patient care in accordance with the AHS [Point of Care Risk Assessment \(PCRA\)](#).
3. **Points of Emphasis for Patients, Designated Family/Support Persons, and Visitors**
- 3.1 When entering an AHS facility, [patients, designated family/support persons, and visitors](#) shall be informed of the requirement for continuous masking, asked to perform hand hygiene, and provided with a procedure mask (if they do not have their own KN95 or N95 respirator). This information may include but is not limited to:
- a) verbal instructions by AHS People;
- b) manufacturer's instructions;
- c) AHS websites;
- d) posters and QR codes; or
- e) AHS [COVID-19 Seal Checks for Disposable KN95 Respirators](#).
- 3.2 Designated family/support persons and visitors in AHS facilities must wear a procedure mask or their own KN95 or N95 respirator at all times in all areas of the building.

- 3.3 Patients, designated family/support persons, and visitors should be provided education or resources on:
- a) the use of masks;
 - b) hand hygiene;
 - c) donning and doffing masks (e.g., when to remove, change, or discard); and
 - d) if the mask becomes damp, soiled, or damaged, the mask must be immediately discarded in a garbage container.
- (i) A new mask shall be provided by the appropriate program or site.
 - (ii) Hand hygiene must be performed immediately [before donning, and before and after doffing a mask](#) as per Infection Prevention and Control (IPC) recommendations.

4. Masking Requirements for Health Care Providers

- 4.1 Health care providers shall follow routine practices, hand hygiene, and wear a mask continuously, at all times and in all areas of their workplace as per the AHS [Guidelines for Continuous Masking](#). Additional PPE may be required based on the AHS [Point of Care Risk Assessment \(PCRA\)](#) and [Joint Statement: COVID-19 and Personal Protective Equipment](#).
- 4.2 Additional PPE guidance is provided to health care providers working in areas assessing and triaging asymptomatic or suspected/confirmed COVID-19 cases and for outbreak settings. Refer to the AHS [Personal Protective Equipment \(PPE\) COVID-19](#) web page.
- 4.3 For health care providers working in home care or congregate care settings, the practice of continuous masking and using appropriate PPE is required, as per [CMOH Order 09-2022](#) and the AHS [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#).

5. Masking Requirements for Adult Inpatients

- 5.1 Adult inpatients do not require continuous masking in their bed space.
- a) Upon their request, inpatients shall be supplied with a procedure mask.
 - b) Health care providers should offer the inpatient a procedure mask to use while the inpatient is receiving care, if the mask will not hinder that care.
- 5.2 Adult inpatients, when leaving their bed space or moving within other areas of the AHS facility (e.g., inpatients leaving their room for a procedure or accessing common areas), shall continuously mask.

- a) If adult inpatients are **unable to mask** or **refuse to mask**, the health care team should work collaboratively with them to find the most appropriate and safest solution for the situation, as per the AHS [How to Support Mask Wearing COVID-19 Worker Supports](#).
 - b) Adult patients in congregate care settings are not required to mask within these settings unless otherwise required by [CMOH Order 06-2022](#) (e.g., returning from passes) and the AHS [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#).
- 5.3 All adult inpatients (asymptomatic and symptomatic) should be provided with education by a health care provider on appropriate masking within their care setting and in consideration of their medical condition.

6. Masking Requirements for Adult Outpatients

- 6.1 All [adult outpatients](#), when entering an AHS facility, shall be asked to perform hand hygiene, provided with a procedure mask (if they do not have their own KN95 or N95 respirator), and informed of the requirement to wear a mask. Adult outpatients may be referred to or provided additional information and resources as outlined in Section 3.1 of this Directive.
- a) The mask shall be worn for the duration of their visit unless instructed to remove by the health care provider for the purposes of services or treatment.
 - b) Patients receiving home care services in a home setting may be requested to mask. If the patient chooses not to wear a mask the patient shall not be denied care and the health care provider should review their PCRA and adjust PPE accordingly.
- 6.2 Procedure masks may be provided at a screening point or by the specific program or site if there is no screening area.
- 6.3 If an adult outpatient requires or is awaiting non-urgent/non-emergent care and is unable or refuses to mask, they may be, at the discretion of the **most responsible health practitioner (MRHP)**:
- a) offered access to virtual care if available; or
 - b) receive care on-site using best efforts to keep AHS People and other patients/visitors safe (e.g., offering a face shield and escorting the individual directly to a private examination room).
- 6.4 In exceptional circumstances where an adult outpatient who is presenting for non-urgent/non-emergent care refuses to mask, they may be asked to leave an AHS facility. This decision should be made by the MRHP and must be balanced with ensuring the safety of the patient and the acuity of the patient's needs.

- 6.5 Adult outpatients who screen positive by answering yes to any question on the COVID-19 screening for [COVID-19 symptom criteria](#) shall be provided direction by the health care provider on appropriate masking and in consideration of their medical condition.

7. Masking Requirements for Pediatric Patients

- 7.1 As a general principle, [patients from three \(3\) to 18 years of age](#) are expected to wear masks to appointments at AHS facilities (including emergency departments, urgent care centres, and outpatient clinics) or when visiting others at risk.
- a) Wearing a mask may not be appropriate or tolerated for a small percentage of children. The health care team should work collaboratively with the parent/guardian to find the most appropriate and safest solution for the situation.
 - b) For those children over three (3) years of age who can tolerate a procedure mask, provide a child-appropriate procedure mask or an adult procedure mask adjusted to fit the child. As child-sized masks will be limited in availability, adult-size masks should be used for older/larger children and 'solutions' such as in this [video](#) can be used to adjust adult masks to fit a child.
- 7.2 For infants and toddlers who are two (2) years of age and under, masks are not recommended. For these children, consider alternative strategies to keep them calm, safe (e.g., in a stroller, infant carrier, parent's/guardian's arms), and faced towards the parent/guardian to minimize droplet spread.
- 7.3 Follow the direction in the AHS [Designated Family/Support and Visitor Access in Acute Care, Ambulatory, and Emergency Sites Directive](#) and [COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care](#) for designated family/support persons accompanying a child to scheduled visits.
- a) If alternate care arrangements cannot be made for other family members, the designated family/support person should be advised to contact the clinic in advance.
 - b) If the designated family/support person is unable or refuses to mask, refer to Section 8 below.
- 7.4 Families should maintain two (2) metres of physical distance from others and try to prevent children from wandering.

8. Masking Requirements for Designated Family/Support Persons and Visitors

- 8.1 All [designated family/support persons](#) and visitors entering an AHS facility shall be asked to perform hand hygiene, provided with a mask, and informed of the requirement for continuous masking in all areas of the building. Designated

family/support persons and visitors may wear their own KN95 or N95 respirator when entering an AHS facility.

- a) Designated family/support persons and visitors must be provided with equivalent PPE used by AHS People appropriate for the care area in an AHS facility.
 - (i) Designated family/support persons and visitors who are supporting or visiting with a COVID-19 positive or suspected COVID-19 positive patient must be provided with an AHS-issued KN95 or N95 respirator if they do not have their own.
 - For instructions on how designated family/support persons and visitors should assess if the AHS-issued KN95 or N95 respirator is well-fitted, AHS People should refer them to the AHS [COVID-19 Seal Checks for Disposable KN95 Respirators](#) and manufacturer's instructions.
 - (ii) Designated family/support persons and visitors must comply with PPE requirements as directed by AHS People, at all times.
 - b) For guidance on how to seal-check their own KN95 or N95 respirator, refer designated family/support persons and visitors to the AHS [COVID-19 Seal Checks for Disposable KN95 Respirators](#). Additional information can be found in the manufacturer's instructions.
- 8.2 Designated family/support persons and visitors shall continuously wear their mask for the duration of their visit in an AHS facility.
- 8.3 All designated family/support persons and visitors shall follow the direction on the COVID-19 Screening Questionnaire for [Acute Care](#) or [Continuing Care](#).
- 8.4 All patients requiring health care shall not be refused care if their designated family/support person or visitor is unable or refuses to mask.
- a) For those designated family/support persons or visitors who are unable to mask, the health care team should work collaboratively with them to find the most appropriate and safest solution for the situation, as per the AHS [How to Support Mask Wearing COVID-19 Worker Supports](#).
 - b) Designated family/support persons and visitors who refuse to mask shall not be allowed access to the AHS facility.
 - (i) In exceptional circumstances and on a case-by-case basis, the health care team may work collaboratively with the patient and the designated family/support person to find the most appropriate and safest solution for the situation, as per the AHS [How to Support Mask Wearing COVID-19 Worker Supports](#), when the designated family/support person is required to support the patient in their care (e.g., parent accompanying a young child).

- (ii) If designated family/support persons or visitors refuse to comply with masking requirements in an AHS facility, site processes should be followed, which may include notification to Protective Services (if on-site) or to local Police (if appropriate), at the discretion of the Site Leader or designate.
 - 8.5 Designated family/support persons and visitors who are supporting or visiting a patient in a congregate care setting with communication challenges (e.g., hearing concerns, dementia) where continuous masking inhibits communication, may remove the mask while in a private space in the AHS facility if:
 - a) the patient is not confirmed or suspected COVID-19 positive;
 - b) the patient consents; and
 - c) a distance of two (2) metres can be maintained from the patient, other patients, health care providers, and visitors in the room.
 - 8.6 Health care professionals shall provide information and education to the designated family/support persons and visitors about potential risks to other patients, health care professionals, and visitors if they remove their mask while supporting or visiting a patient.
- 9. Documentation**
- 9.1 The health care provider should document discussions and the provision of alternate patient services (if applicable) on the patient's **health record**, as appropriate.
 - a) Documentation should include any concerns or noteworthy circumstances regarding the patient and visitation, including the designated family/support person, as applicable.

DEFINITIONS

AHS People means anyone who provides care or services, or who acts on behalf of AHS, which may include AHS board members, AHS employees, AHS Medical Staff members (physicians, dentists, oral and maxillofacial surgeons, and podiatrists), AHS midwifery staff members, other Allied Health professionals with an AHS appointment and privileges, students, volunteers, researchers working with AHS or studying AHS staff or patients.

Alberta Health Services (AHS) facility means any facility, property, or ground owned, operated, leased, or funded by AHS.

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

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 *Designated Family/Support Person and Visitation Guidance* 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 Alberta Health Services.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

KN95 means a respirator that is expected to filter at least 95% of airborne particulars. KN95 respirators are imported from China, Korea, or Europe and may not have been tested and certified by the US National Institute for Occupational Safety and Health (NIOSH).

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

N95 means a respirator that has been evaluated, tested and certified by the US National Institute for Occupational Safety and Health (NIOSH). A N95 respirator filters at least 95% of airborne particulars and is not resistant to oil.

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

Refuse to mask means individuals not wearing a mask in an AHS facility who do not meet the exceptions to the masking requirement as outlined in [CMOH Order 09-2022](#).

Unable to mask means individuals who meet the exceptions to the masking requirement as outlined in [CMOH Order 09-2022](#) (for example, general exceptions to indoor masking, exceptions for health condition, exceptions for children under two [2] years of age).

REFERENCES

- Alberta Health Services Governance Documents:
 - [Designated Family/Support and Visitor Access in Acute Care, Ambulatory, and Emergency Sites Directive \(#HCS-275\)](#)
 - [Hand Hygiene Policy \(#PS-02\)](#)
 - [Hand Hygiene Procedure \(#PS-02-01\)](#)
 - [Workplace Accommodation Policy \(#1121\)](#)

- Alberta Health Services Resources:
 - [COVID-19 Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent Care and Emergency Care](#)
 - [COVID-19 Relaunch Playbook](#)
 - [COVID-19 Seal Checks for Disposable KN95 Respirators](#)
 - [Family/Designated Support Persons & Visitors of Patients](#)
 - [Fit for Work](#)
 - [Guidance to Help Make Continuous Masking Work for You](#)
 - [Guidelines for Continuous Mask and Eye Protection Use in Home Care and Congregate Living Settings](#)
 - [Guidelines for Continuous Masking](#)
 - [How to Support Mask Wearing COVID-19 Worker Supports](#)
 - [Information for Albertans](#)
 - [Interim IPC Recommendations during COVID-19](#)
 - [IPC Resources for Ambulatory Care Clinics \(including Lab Collection sites\) during COVID-19 Pandemic](#)
 - [Personal Protective Equipment \(PPE\) COVID-19](#)
 - [Point of Care Risk Assessment \(PCRA\)](#)
 - [PPE 13 min video – Donning and Doffing](#)
 - [PPE Taskforce Guidance - Continuous Masking and Patient Care \(January 22, 2022\)](#)
 - [Provincial Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities](#)
- Non-Alberta Health Services Documents:
 - [Chief Medical Officer of Health \(CMOH\) Order 02-2022](#)
 - [Chief Medical Officer of Health \(CMOH\) Order 04-2022](#)
 - [Chief Medical Officer of Health \(CMOH\) Order 06-2022](#)
 - [Chief Medical Officer of Health \(CMOH\) Order 09-2022](#)
 - [Children mask? How to fit adult mask to kids](#)
 - [COVID-19 Self-Assessment for Albertans](#)
 - [COVID-19 Symptoms and Testing](#)

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