

TITLE

USE OF MASKS TO PREVENT TRANSMISSION OF COVID-19

SCOPE

Provincial

DOCUMENT

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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 provide direction on the use of masking strategies that will help in preventing the transmission of COVID-19.
- To clarify and provide decision support for approval and implementation of masking requirements in Alberta Health Services (AHS) settings for **AHS people**.
- To provide guidance to **patients, designated family/support persons**, and visitors who may be required to wear a mask when entering or in **AHS settings** to help prevent the spread of COVID-19.

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 COVID-19. Working collaboratively, we ask individuals to assist us in limiting the spread of COVID-19 through the use of masks/respirators in AHS settings in order to protect both patients and AHS people. AHS promotes education (e.g., AHS [Information for Albertans](#)), prevention strategies, and public awareness to prevent the spread of COVID-19 to AHS people, patients, designated family/support persons, and visitors.

Sections 2 to 4 of this Directive only apply when the **Site Leadership** and **Zone Executive Leadership** (or the appropriate CPO, Addiction and Mental Health or Cancer Care Alberta) have determined it is necessary to implement this Directive. All AHS people must follow Infection Prevention and Control (IPC) Routine Practices and Additional Precautions as required

by Infection Prevention and Control Risk Assessment (IPCRA) to make decisions on what PPE to use in the routine care of patients.

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. Points of Emphasis for All AHS Settings

- 1.1 Section 1 of this Directive applies to all AHS settings.
- 1.2 AHS encourages masking by AHS people, patients, designated family/support persons, and visitors in all AHS settings.
- 1.3 Masking is required in all AHS settings for AHS 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 AHS people, as identified by the AHS [Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test Directive](#);
 - 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 AHS people based on the AHS [Infection Prevention and Control Routine Practices](#), [Infection Prevention and Control Risk Assessment \(IPCRA\)](#) and [Joint Statement: COVID-19 and Personal Protective Equipment](#).
- 1.5 AHS people must perform hand hygiene in accordance with the AHS [Hand Hygiene Policy](#) and [Procedure](#).
- 1.6 AHS people who are unable to mask shall inform their Manager, as per the AHS [Workplace Accommodation Policy](#).
- 1.7 AHS people shall be trained in the correct use of any PPE (including masks) that is required for their role.
- 1.8 When entering an AHS setting where masking is required for patients, designated family/support persons, and visitors, procedure masks and hand hygiene supplies shall be available at the entrance.

2. **Decision Making for Implementing Enhanced Masking Requirements in Acute Care Facilities, Emergency Departments, Urgent Care Centres and Advanced Ambulatory Care Centres.**
- 2.1 The requirements outlined in Sections 2 to 4 of this Directive only apply to **AHS acute care facilities**, emergency departments, urgent care centres, and advanced ambulatory care centres.
- 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 (or the appropriate CPO, Addiction and Mental Health or Cancer Care Alberta) 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, COVID-19 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 **AHS facility**.
- 2.4 The decision to implement Sections 2 to 4 of this Directive shall be based on a risk 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.
- a) outbreak number, size, and impact;
 - b) new hospitalizations in people with COVID-19;
 - c) percentage of beds occupied by COVID-19 patients;
 - d) test positivity; and
 - e) situational context, including, but not limited to:
 - (i) the physical layout of the AHS facility;
 - (ii) risk of service disruption, capacity and staffing challenges;
 - (iii) AHS people working in multiple locations within a facility or geographic area; and
 - (iv) ability to prevent spread of COVID-19 at the AHS 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 (or the appropriate CPO, Addiction and Mental Health or Cancer Care Alberta) shall collaboratively make this 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 AHS 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 Zone Executive Leadership.
- 3. Enhanced Masking Requirements for AHS People in Acute Care Facilities, Emergency Departments, Urgent Care Centres and Advanced Ambulatory Care Centres**
- 3.1 When Sections 2 to 4 of this Directive have been implemented in accordance with Section 2 above, AHS people are required to mask in AHS acute care facilities, emergency departments, urgent care centres, and advanced ambulatory care centres whenever 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 AHS [Infection Prevention and Control Risk Assessment \(IPCRA\)](#).
- a) Wearing a mask is optional for AHS 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 Emergency Departments, Urgent Care Centres and Advanced Ambulatory Facilities**
- 4.1 When Sections 2 to 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, urgent care centres, and advanced ambulatory care centres.
- 4.2 Patients, designated family/support persons, and visitors do not need to mask if they are:
- a) under two (2) years old;
 - b) in their bed space; or
 - c) unable to place, use, or remove a mask without assistance.

- 4.3 When Sections 2 to 4 of this Directive has 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

AHS acute care facility means a facility where acute care services are provided, including in areas where other care is provided at the facility (e.g., Ambulatory Care, Emergency Departments, Diagnostic Imaging, Laboratory Services). Acute care facilities include Alberta Hospital Edmonton, the Centennial Centre for Mental Health and Brain Injury, the Cross Cancer Institute, and the Tom Baker Cancer Centre.

AHS facility means any facility, property, or ground owned, operated, leased, or funded by AHS.

AHS people means 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).

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).

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.

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

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.

REFERENCES

- Alberta Health Services Governance Documents:
 - [Attending Work with COVID-19 Symptoms or a Positive COVID-19 Test Directive \(#1188\)](#)

- [Family Presence: Designated Family/Support Person and Visitor Access Policy \(#HCS-199\)](#)
- [Hand Hygiene Policy \(#PS-02\)](#)
- [Hand Hygiene Procedure \(#PS-02-01\)](#)
- [Workplace Accommodation Policy \(#1156\)](#)
- Alberta Health Services Resources:
 - [Family/Visitors of Patients & Residents](#)
 - [Fit for Work](#)
 - [Infection Prevention and Control Risk Assessment \(IPCRA\)](#)
 - [Infection Prevention and Control Routine Practices](#)
 - [Information for Albertans](#)
 - [Interim IPC Recommendations during COVID-19](#)
 - [Joint Statement: COVID-19 and Personal Protective Equipment](#)
 - [Personal Protective Equipment \(PPE\)](#)
 - [PPE 13 min video – Donning and Doffing](#)
 - [Provincial Designated Family/Support Person and Visitor Screening Questionnaire for all AHS Sites](#)
- Non-Alberta Health Services Documents:
 - [Children mask? How to fit adult mask to kids](#)
 - [COVID-19 Symptoms and Testing](#)
 - [Respiratory Illness Self-Assessment for Albertans](#)

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