

Mask Use in Health Care Facilities

During the COVID-19 Pandemic

FREQUENTLY ASKED QUESTIONS – GENERAL & LOGISTICS

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Refer to [Definitions](#) section for common terms

1. What is the Mask Use policy?

PHSA developed a Mask Use policy in response to the Ministry of Health (MOH) announcement of a new provincial policy that requires all health care workers, non-clinical staff, patients and visitors to wear a [medical mask](#) at all times in health care facilities and settings where health care is provided. Health care must be provided to any person who is unable to wear or choosing not to wear a medical mask. In these cases, staff use all other hierarchies of control and proper donning and doffing of PPE to address the risk.

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2. Why is there a new Mask Use policy?

Medical masks can help decrease the spread of COVID-19 when used correctly. People wearing masks help protect others around them by limiting the spread of their own droplets when coughing, sneezing and speaking. Also, those wearing masks protect themselves by reducing the chance of inhaling contaminated droplets from others who are within two metres. **All** other infection control measures continue to be practiced such as frequent, proper hand hygiene and physical distancing.

[Ministry of Health Mask Use Policy Communique](#)

[Dr. Bonnie Henry: Masks and COVID-19](#)

3. Are all Health Authorities in alignment with the Mask Policy?

Yes, the Provincial MOH policy applies to all. Specific details for implementation may vary across sites.

[Ministry of Health Mask Use Policy Communique](#)

4. Does this Mask Use policy apply to all areas of CW, inpatient and outpatient?

Yes, the provincial MOH policy applies to all healthcare facilities across the province. All PHSA and CW staff are expected to follow the PHSA Mask Use policy wherever they provide services, including Outreach, etc. CW is implementing the PHSA policy specifically to meet the unique needs of our site and the patients and families that we serve.

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5. Why has it taken time for CW to implement the MOH and PHSA policy for Mask Use? The policy stated it was 'effective immediately' yet we have taken days to put measures in place.

Medical masks were made available immediately. Applying the MOH/PHSA policy to the CW site requires thoughtful and collaborative approaches and decisions to ensure a supportive and effective process for patients, family, all visitors, and staff. Staff, patients, family and visitors need to understand what is expected

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	<p>with the new policy and how to support each other with this change.</p> <p>We are a diverse site with unique populations to serve and our implementation has to be responsive to the range of needs across the campus to avoid confusion or mixed messaging. We wanted our methods of creation, communication, and disbursement of this policy to be as systematic, thoughtful, safe and trauma-informed as possible.</p>	
6. Are there any exceptions to the Mask Use policy?	<p>There may be exceptions to the Mask Use policy. Section 2.3.3 of the PHSA policy provides examples (not all inclusive) of exceptions that may exist. Remember, we do not know everyone's story (nor do we have a right to) and there are many reasons why people may not wear a mask.</p> <p>For more information and resources regarding staff, please refer to Workplace Health.</p>	<p>Mask Use in Health Care Facilities during the COVID-19 Pandemic</p> <p>COVID-19: Ethical Duty to Provide Care</p> <p>Workplace Health</p>
7. What are the steps to address exceptions to the Mask Use policy to achieve needed clinical care (and a mask impedes that care)?	<p>If in your practice area, known exceptions for patients exist (e.g. special clinical assessments) and/or likely exceptions for staff may exist to provide needed care, follow these steps. Engage with your practice leaders, operations leaders and IPAC to determine the process and steps you and your team will follow to provide the needed clinical care and reduce risk for staff and patients/families.</p>	
8. How do we balance PPE preservation/extended use requirements and this Mask Use policy? Won't we run out of medical masks with this new Mask use Policy?	<p>The requirements of the PPE Use policy including extended use of PPE continue to apply. PPE supplies are monitored rigorously at CW and across the province to ensure sufficient supply. Many strategies including working virtually/remotely, switching to virtual care, and extending PPE use by staff contribute to preserving PPE supplies. See definitions for more information about extended use and re-use.</p>	<p>COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework</p>
9. What type of mask is required?	<p>A medical mask, in place of a non-medical/personal mask, is required as per the policy. Typically, this will be a surgical/procedure mask. Medical masks are masks that have been approved by your health authority and</p>	<p>Mask Use in Health Care Facilities during the COVID-19 Pandemic</p>

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	<p>rated according to stringent North American standards (ASTM).</p> <p>Masks provided through PHSA Supply Chain to health care facilities are all considered medical grade masks. Note: non-medical masks are masks that are not rated for use in health care settings, which includes cloth masks, other cloth face coverings, industrial respirators, and disposable masks that do not meet the standards of a medical mask.</p>	<p>Face Masks: How are they different</p>
<p>10. Will masks be available at entrances for patients, families, visitors?</p>	<p>Yes. Distribution of medical masks to patients/visitors continues to be supported by entrance screeners at public entrances to the site. If a patient/family/visitor needs additional masks while on site, the unit/department will provide at the time of need.</p>	
<p>11. How are masks distributed when entrances are not manned by entrance screeners?</p>	<p>During after-hours, when dedicated entrance screeners have left, there are three entrances available 24/7 which are staffed by Integrated Protection Services (IPS). IPS follow the same processes as the entrance screeners.</p>	<p>COVID-19 Entrance Screening Protocol</p>
<p>12. Will masks be available at all entrances for staff? Are we going to redirect all staff to enter/exist through doors with screeners to ensure everyone entering has a medical mask?</p>	<p>The Intercampus Operations team is working towards implementing 'staff entrances' with a person who will encourage staff to sanitize hands upon entry and distribute a medical mask to entering staff. As this support process will not be available at all doors 24/7, staff are asked to plan ahead to allow time to use a door where medical masks are provided. After hours, staff are to enter the site at staffed entrances to obtain a mask.</p> <p>For unique after hours situations when it may delay care to enter through one of the 24/7 entrances, an exception may be allowed to collect a medical mask from the nearest location such as the unit or nearest screened entrance. In those cases, staff are expected to wear a non-medical mask in transit to the location where they can obtain a medical mask.</p>	

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13. Can a staff member wear their non-medical/personal mask from their care into the clinical work area, then don medical mask? Or are they required to wear a medical mask upon entering any part of the site?

See above, also. Staff are required to wear a medical mask upon entry into the buildings on site. As our site works towards full implementation, there may be situations where staff are not able to access medical masks at their point of entry. If this is the case, staff should wear their own non-medical mask until they are able to obtain and safely don a medical mask.

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14. How will a 'clean hands' approach be ensured for obtaining a mask at the entrances or elsewhere? (ie with boxes of masks)?

At public entrances, entrance screeners will distribute a mask to anyone after they hand sanitize. For any location, when obtaining or distributing a mask: **ALWAYS** perform hand hygiene prior to taking a mask and after donning. Follow all steps for proper donning of a mask and all PPE.

[Donning Personal Protective Equipment](#)

[How to Wear a Face Mask](#)

15. How will medical masks in my area be replenished more frequently now that we are using more?

Where a PAR location exists, In House Replenishment (IHR) will use a dynamic adjustment to auto-adjust PAR levels based on usage. Business Management Office (BMO) is available to support other units or departments with provision of masks to meet immediate needs for medical masks (or other PPE items). Contact BMO at BMO@cw.bc.ca . For any after-hours emergency needs, contact the Bed Access & Utilization team for support and supplies. Additional areas on site which may require a supply of medical masks are being addressed.

16. My area does not have an existing PAR location that is stocked, what is the process for my area to get masks stocked?

Please reach out to the Business Management Office (BMO) BMO@cw.bc.ca to acquire medical masks in areas without an existing PAR location

17. How will I find out more about this Mask use policy and any other questions?

Refer to ePOPS for all clinical support documents. Contact your area operations leaders, professional practice leaders and/or IPAC for any questions.

[ePOPS](#)

FREQUENTLY ASKED QUESTIONS – Patient/Family/Caregiver Specific

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18. Where/when do patients/family have to wear a mask?

Patients and family are asked to wear a medical mask in all shared spaces, clinical or public as with all staff members. As per Section 2.3.3 of the PHSA Mask Use policy: All patients/clients must wear a medical mask when entering and moving around a health care facility, including patient/client transport, except when requested to remove their mask by a health care professional.

Patient/family/visitor should be provided education for wearing a mask and performing proper hand hygiene.

Staff can ask that a mask be worn by patient/family when they enter the patient environment/room, but there is sufficient protection to the staff member when the staff member wears their own PPE properly -- Staff must don PPE properly, perform a PCRA for any additional PPE required when entering the patient room, maintain physical distance as possible, and doff PPE properly including all steps of hand hygiene.

Unintended effects of mask wearing at all times in the patient room are difficulty with communication, adding to challenge with a patient/child friendly environment by having family/support person wearing mask while supporting the patient.

Note that our provincial mandate is different from other provinces so what is done at other healthcare facilities may not always match. Please continue to offer kind, supportive approaches while continuing to provide excellent care to those we serve.

19. Are non-medical masks acceptable or do patients/family members need to change to a medical mask?

Patients and family members should generally be asked to don a medical mask. Patient/family/visitor should be provided education for wearing a mask and performing proper hand hygiene. The practical considerations include the fact that some small children and children with developmental disabilities are OK wearing their own mask, but will outright refuse to wear a medical mask. In that situation, it makes more sense to let the child wear their own mask.

When staff offer a mask it will always be a medical mask. Some patients and children especially, are more willing to be

[Mask Use in Health Care Facilities during the COVID-19 Pandemic](#)

[COVID-19: Ethical Duty to Provide Care](#)

[How to Wear a Face Mask](#)

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wearing their own non-medical mask which they have chosen and fits them best.

In situations like this, it is better to have a child wearing their own mask, than no mask at all. In these rare cases please follow following principles:

- Best to avoid unnecessary doffing/transition points of different masks.
- When isolation precautions (i.e., Additional Precautions such as Droplet & Contact, Airborne, etc.) are in place for a patient, a medical mask is required in place of a non-medical mask for patients (where possible) and family member.
- Perform hand hygiene frequently and change these masks when soiled or damaged

20. Other specialty health care institutions in Canada state that everyone must wear a mask at all times (visitors and care providers) both inside and outside their rooms. Should CW not align with this?

CW is implementing the PHSA policy specifically to meet the unique needs of our site and the patients and families that we serve in our provincial context. CW uses all the measures in the hierarchy of controls to achieve safety. While benchmarking with other similar healthcare facilities occurs, implementation here takes into account our specific provincial health orders, public health context and site specific population.

[Workplace Health Safety Plans](#)

[CW Workplace Safety Plan](#)

21. Can we request that patient/family/visitors wear a mask in the Patient Environment?

Staff can ask that a mask be worn by patient/family/visitor when staff enters patient environment/room. The patient/family/visitor should be provided education for wearing a mask and performing proper hand hygiene.

[COVID-19: Ethical Duty to Provide Care](#)

Remember, there is sufficient protection to the staff member when the staff member wears their own PPE properly. Always don PPE properly, perform a PCRA for any additional PPE required when entering the patient room, maintain physical distance as possible, doff PPE properly including all steps of hand hygiene.

22. What should I do if I see a patient, family/caregiver/support person not wearing a mask?

Healthcare must be provided. Our approach to individuals not wearing a mask is supportive, non-judgmental and educational. We do not know everyone's story (nor do we have a right to) and there are many reasons why people may not wear a mask (history of abuse and trauma, mental health concern, physical health conditions,

[COVID-19: Ethical Duty to Provide Care](#)

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age). Screeners at entrances will be 'offering' a mask upon entry to CW. Offering a mask and more people role modeling wearing one, will help encourage more people to wear a mask.

If you see someone not wearing a mask do not confront them. Remember that they have been offered a mask upon entry already. Do not give ultimatums for mask use (i.e. 'you/your child will not be seen today if you do not wear a mask'); Do not ask for anyone to disclose the reason behind why they are not wearing a mask as it may surface their traumas in an unsafe way. Accept their 'no' if they declined the offer of a mask.

23. Am I at risk if patient/family/caregiver/support person declines to wear a mask? What about if any of them are showing signs/symptoms of COVID-19, have been tested and are awaiting results, and/or on Additional Precautions?

Staff follow all requirements as described in the PPE Use policy (ie, mask, eye protection, gown and gloves for patients on droplet and contact precautions). Donning and doffing properly including all steps of proper hand hygiene provide sufficient protection against COVID-19 whether a patient/family/visitor is wearing a mask or not.

[COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework](#)

24. Are patients and families expected to extend use of their medical mask? Can we provide a certain number of masks to patients/family per day rather than responding to a request each time they want to leave their room?

Patients and families are provided a medical mask when entering the hospital at the screening entrances. Units and programs can determine the process they will use to provide any additional masks to inpatients and their family/caregiver/support person.

Patient/family/visitor may [extend use](#) of their medical mask while in shared spaces. [Re-use](#) of medical masks is generally [not](#) recommended. Therefore once patient/family removes the mask it should be discarded and followed by hand hygiene. A new medical mask should be used every time.

25. How will we educate and inform patients/family/caregiver for correct use of masks?

As with all infection prevention and control information, provide teaching to support patient/family/visitor in wearing a mask properly and proper hand hygiene. Refer to the COVID-19 Resources Educational Materials section and BCCDC for additional materials.

[How to Wear a Face Mask](#)

[ePOPS](#)

[BCCDC COVID-19 Care](#)

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26. What are the requirements for the partner/support person of a patient (mother) who is awaiting COVID-19 test results? Do they require a mask at all times? Can they use shared facilities (laundry, shower, etc.)?

Most patients and all visitors are asked to wear a medical mask in all shared areas (public or clinical) of the site. Those accompanying patients awaiting test results for COVID-19 or who are on additional precautions for other reasons are asked to remain in the patient room and avoid the use of shared areas.

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27. What are the different requirements for staff between a non-clinical area, a clinical area, and a public area? What about break rooms? What about shared or private office spaces?

When in doubt, wear a mask! Staff need to wear a medical mask in all areas of the site where patients, families/visitors or other staff members are present.

As per Section 2.4 of the PHSA Mask Use policy exceptions may exist for Non-clinical Areas in Clinical Sites (ie staff only shared offices). There is no need to wear a medical mask in an individual private office. For shared offices where there is adequate ventilation, physical distancing and/or barriers, then mask use is at the discretion of the occupants and as per previously established Workplace Safety plans. Note: if unsure if the ventilation in a shared office space is adequate please contact Workplace Health for any required assessments.

[COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework](#)

[CW Workplace Safety Plan](#)

28. What should I do if a staff colleague refuses to provide care to a patient not wearing a mask?

No patient is to be refused care for declining to wear a mask. Remember that there may be many reasons why someone declines to wear a mask. All staff have a duty to provide care. If a colleague refuses to provide care, please report and escalate to your area leader.

Our organization stands behind a patient's decision for mask wearing.

Staff follow all requirements as described in the PPE Use policy (i.e., mask, eye protection, gown and gloves for patients on droplet and contact precautions). Donning and doffing properly including all steps of proper hand hygiene provide sufficient protection whether a patient/family/visitor is wearing a mask or not.

[Mask Use in Health Care Facilities during the COVID-19 Pandemic](#)

[COVID-19: Ethical Duty to Provide Care](#)

29. Does this mean we can have people move back into offices where social distancing isn't possible (as long as they wear a mask)?

No. All existing requirements and hierarchies of control, including physical distancing, remain in place. Masks are in addition to, not a replacement, for the existing measures as per Workplace Safety Plans.

[Workplace Health Safety Plans](#)

[CW Workplace Safety Plan](#)

30. Are more staff allowed/encouraged to work from home in response to recent MOH/PHO orders?

As previously, staff may be able to work from home where and when it can be supported operationally to continue to provide required patient care and/or role duties.

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31. Is there any way to increase lounge/break room space for staff who must work on site? Is there access to cafeteria or other appropriate space/seating 24 hours?

The cafeteria is accessible 24/7 now. Additional spaces for breaks and additional access to spaces is being explored currently.

32. Is eye protection also required for all staff? If not, why not?

Eye protection and additional PPE requirements continue to follow the CW PPE Use Policy. At this time eye protection is needed for all direct patient interaction, where the health care worker will be within 2m of the patient. PPE extended use principle applies to the eye protection as masks for all direct care providers. Not at all areas and interactions require these added PPE items. Continued use of physical distancing, hierarchies of control and frequent, proper hand hygiene are the most effective at reducing the risk of infection.

[COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework](#)

Use your clinical judgment and PCRA to determine your risk. You may need to add items of PPE in specific circumstances. Continue to order the items you require through your usual PAR/IHR processes.

33. Is COVID-19 spread by airborne transmission? Should we be wearing N95 mask at all times?

Evidence from over 50 million cases of COVID-19 worldwide suggests that COVID-19 is primarily spread by droplet and contact transmission. Liquid droplets come out of the mouth and nose when a person coughs, sneezes, and talks or sings. These droplets will quickly fall to the ground within 1-2 metres, but they can land on another person if they are within that range. COVID-19 can spread if droplets containing the virus enter another person's body through the eyes, nose or throat or through contact if a person touches an infected surface and then touches their mouth, nose or eyes.

It is important to acknowledge that there is some evidence demonstrating that COVID-19 can occasionally be spread via the aerosol (or airborne) route in specific circumstances, as recently discussed by both the World Health Organization and Canada's Chief Public Health Officer. Aerosols are generally smaller than droplets, and

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can linger in the air for longer. This means that there are rare situations where aerosols containing COVID-19 may occur and infect individuals (e.g. small spaces with many people and poor ventilation, such as fitness classes). This is not known to have occurred in health care settings, though an exception is aerosols produced by aerosol-generating medical procedures (AGMPs). With the exception of AGMPs, N95 masks are generally not required to protect from COVID-19.

The issue of COVID-19 being spread via aerosols has been a cause for concern for many. The evidence thus far continues to show that COVID-19 is spread primarily via droplets, with clear protection provided by physical distancing, mask use, and hand hygiene. These measures, once instituted in a widespread manner in BC in the Spring, worked extremely well in reducing infections. If aerosols played a primary role in COVID-19 spread, the measures that we have been using would not have worked, and we would be seeing widespread outbreaks in areas implementing them, such as health care settings – something that has not been observed.

34. Please clarify expectations for staff who wear an elastomeric mask due to allergies/fit issues.

Contact Workplace Health for specific circumstances where elastomeric masks are required for either fit or allergy reasons to confirm next steps with regards the Mask Use policy requirements. Remember, an elastomeric mask alone does not meet standards of a medical mask.

[Workplace Health](#)

35. If we have a non-clinical staff member who has a doctor's note stating they cannot wear a mask should we direct them to submit it to workplace health?

For more information and resources regarding staff, please refer to Workplace Health.

[Workplace Health](#)

36. Are there any changes related to PPE for education and training?

There are no changes at this time. PPE Preservation principles continue as per the Education and Simulation Guidelines.

[CW COVID-19 Education Guidelines](#)

[CW COVID-19 Simulation Guidelines](#)

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37. Are there new requirements in place for staff to self-screen prior to coming to work?

Everyone working at a PHSA site should complete a self-screening assessment prior to starting each shift. To streamline your online assessment, we encourage you to download this Outlook invite, which will add a daily event to your calendar with the PHSA COVID-19 self-assessment tool link.

You can adjust the invite yourself once you've saved it to your calendar (e.g., set a reminder alert) or cancel it at any time. Note: If downloading from your mobile, you may receive a notice that the subscription to this calendar invite is "insecure." Rest assured, the invitation is safe to accept. It asks you about any symptoms you may be experiencing before offering colour-coded guidance: green (proceed to work), yellow (call your manager for advice) or red (get tested and stay home). No personal information is retained.

FREQUENTLY ASKED QUESTIONS – DEFINITIONS

Medical Mask: masks that have been approved by your health authority and rated according to stringent North American standards ([ASTM](#)) for performance requirements for bacterial filtration efficiency, particulate filtration efficiency, fluid resistance, pressure differential, flame spread, skin sensitivity and cytotoxic testing.

Non-medical mask: masks that are not rated for use in health care settings, which includes cloth masks, other cloth face coverings, industrial respirators, and disposable masks that do not meet the standards of a medical mask.

Clinical Area: any area where direct patient care is provided including all inpatient and outpatient settings.

Patient Environment: any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the healthcare provider when providing care or performing tasks. Note: the patient environment moves with the patient when they are moving.

Non-Clinical area/office area: areas with no direct patient care ie offices, staff only areas.

Public Area: areas away from patient care. Examples include public food service areas, cafeteria, hospital-based coffee shops, lobby areas, etc

Point of Care Risk Assessment (PCRA) is the first step to assess the task, the patient and the environment prior to each patient interaction. This will help HCP and staff decide PPE they need to wear to protect themselves and prevent the spread of infection.

Extended Use: In the unique situation of the COVID-19 pandemic PPE is used for an extended period of time. Discard PPE if it is soiled or damaged. Once removed, it is always discarded. PPE item removal should always be followed by HH.

Re-Use: When single PPE item (such as mask) is removed and saved for later use. It is generally not advised to re-don a medical mask after doffing. However, it is recognized that in some circumstances it may be necessary. In those cases, re-donning a medical mask needs to be done safely with hand hygiene before and after donning. Never re-use PPE that has been used in clinical areas, soiled or damaged.

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
17-Nov-2020	C-0506-14-60860 CW Mask Use in Health Care Facilities During the COVID-19 Pandemic: FAQ	Developed by CW COVID Working Group

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