

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

Community spread of COVID-19 is increasing in Alberta. There is evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals may transmit COVID-19. The [Public Health Agency of Canada \(PHAC\)](#) has issued updated recommendations regarding healthcare workers and continuous mask and eye protection use.

Applicability

This guidance is in accordance with the Alberta Health Services (AHS) [Use of Masks During COVID-19 Directive](#), [PPE FAQ](#) and [CMOH Order 29-2020](#) and is applicable to home care home living, home care clinics and all congregate living settings (long term care, designated supportive living, hospice, seniors lodges, group homes, and other supportive living facilities licensed under the Supportive Living Licensing and Accommodation Act).

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 [PCRA](#) and [Respiratory Illness \(ILI\) Algorithm](#). For contact with a resident who is requiring contact and droplet precautions, this includes a procedure mask, eye protection, gown and gloves.
- [Don PPE correctly](#). [Doff PPE correctly](#). Risk of infection and cross contamination increases when these steps are not done correctly. Practice and have a co-worker observe to provide feedback.
- An N95 mask should be worn for a resident on contact and droplet precautions who requires an [Aerosol Generating Medical Procedures](#) (AGMP).

Masking Requirements and other COVID-19 specific safety measures

- HCW's should wear a procedure mask at all times and in all areas of their workplace in accordance with the AHS [Use of Masks During COVID-19 Directive](#).
- The procedure mask should be immediately changed and safely disposed of whenever it is soiled, damaged or wet, whenever the HCW feels it may have become contaminated and after care for any resident on additional precautions (e.g. contact and droplet precautions for suspected or confirmed influenza-like illness or COVID-19).
- Hand hygiene must be performed immediately before and after donning or doffing PPE/mask/eye protection.
- 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 residents with additional precautions (such as contact and droplet precautions for COVID-19 or influenza-like illnesses), [remove/doff all PPE](#) upon exiting the resident room, or at the exit of a residence.

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- Put on a new procedure mask prior to entering a resident care area or congregate setting.
- For HCW travelling between residences, put on a new procedure mask prior to entering a resident's home/personal residence.
- When assisting residents with showering or bathing follow IPC guidance on [Assisting Residents to Shower](#).
- Refer to [guidance on making masks work for you](#).
- When assisting residents with communication challenges consider appropriate [Options and Adaptions](#).

Eye Protection

- ***NEW** Eye protection should be worn, in addition to a mask, for all staff providing direct care or who are within two (2) metres of patients.
- ***NEW** Additional guidance on use of masks and eye protection can be found in the [Bring My Own PPE to Work](#) and [PPE FAQ](#) resources.
- Follow IPC [recommendations for the preservation and reuse of eye protection](#).

Residents, any setting

- Continuous mask use will be requested for residents (inclusive of the term client/patient) in all continuing care settings in certain circumstances.
 - The [How to Support Mask Wearing](#) resource can assist HCW to have a conversation with residents. If a resident is still hesitant to wear a mask, remember the best way to protect yourself at work is your use of appropriate PPE.
- Residents may be asked to/choose to wear a procedure mask at all times based on their own risk of unknown exposure from off-site/public activity.
- Residents are encouraged to wear a mask when they are visiting, participating in recreation activities or while on outings and cannot maintain physical distancing.
- Residents receiving home care services can be asked to wear a mask at all times while a HCW is in the home. A procedure mask will be provided by the health care worker.
 - Residents who are required to be within two (2) metres of the HCW while receiving services/care will be asked to wear a procedure mask.
 - 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 will be asked to wear a procedure mask.
- Anyone in the home with symptoms must report this to the HCW prior to the HCW entering the home.

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

- ***NEW** Masks are mandatory in all indoor public places, including workplaces where employees are present in-person.
- Administrative/office staff may choose to wear a non-procedure mask (e.g., their own clean cloth mask) only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza).

Home care staff in a private home/apartment/condominium or non-designated supportive living setting (e.g., lodge, private assistive living etc.)

- When able to call ahead prior to providing care, have the resident and other household members/visitors complete the online AHS [COVID-19 Self-Assessment Tool](#) or ask them the questions over the phone.
- When able to call ahead advise that the HCW will provide a procedure mask upon arrival.
- When the staff member arrives at a resident's home or clinic, always do an AHS [Point of Care Risk Assessment \(PCRA\)](#), and ask the self-assessment questions again. All household members must complete the self-assessment prior to providing resident care.
- If any individuals are experiencing symptoms, initiate contact and droplet precautions. Don appropriate PPE for entry to the residence.
- To dispose of PPE appropriately when completing a home visit:
 - When you're calling residents to complete the pre-screening, ask them 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'll 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](#).

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)

- Continuous use of eye protection (e.g. face shields, goggles) is recommended for all staff providing direct resident care or working in resident care areas.

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- Consult with the Medical Officer of Health or designate, or IPC for facility specific advice:
 - If you have suspect or confirmed COVID-19 residents in your facility and there is evidence of transmission despite IPC measures already in place;
 - If you have specific questions about continuous eye protection 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.