

Guidelines for Continuous Masking and Use of Face Shields in Home Care and Congregate Living Settings

Residents of congregate living sites are at high risk for severe illness or death if exposed to COVID-19. Congregate Living Settings include Long Term Care, Designated Supportive Living, Seniors Lodges, Group Homes, and other supportive living licensed under the Supportive Living Licensing and Accommodation act. For congregate living sites, steps have been taken, including visitor restriction and staff screening, to attempt to minimize the risk of transmission of COVID-19 into and within a site. For Home Care, restrictions have included pre-screening and point of care assessment at the door screening of clients and others in the household to minimize the risk of either a home care worker being exposed, or a home care worker carrying COVID-19 between settings as they work with different clients.

Community spread of COVID-19 is increasing in Alberta. There is emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals may transmit COVID-19. The Public Health Agency of Canada (PHAC) has issued updated recommendations that healthcare and personal care workers should mask when providing direct care to prevent transmission to residents and to their co-workers.

Until now, AHS has not recommended the use of procedure masks other than when healthcare workers are in direct contact with a resident on droplet and contact precautions for COVID-19 or other respiratory viral infections. This recommendation is now expanding and is consistent with [CMOH Order 12-2020](#) and accompanying Guideline.

Effective immediately:

1. For clients in any setting, including home care or congregate living sites, the practice of using appropriate PPE for contact with a resident who is on droplet and contact precautions remains in place. This includes a surgical/procedure mask, face shield, gown and gloves. For Aerosol Generating Medical Procedures (AGMP), an N95 mask should be worn for a client on contact and droplet precautions.
 - a. After care for any residents on contact and droplet precautions (for COVID-19 or ILI), remove all PPE upon exiting the resident room/client residence, perform hand hygiene and put on a new procedure mask.
2. For congregate living units 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) is recommended for all staff providing direct resident care or working in resident care areas.
 - a. Consult with the Medical Officer of Health or designate, or infection prevention and control (IPC) for facility specific advice:
 - i. if you have suspect or confirmed COVID-19 clients in your facility and there is evidence of transmission despite IPC measures already in place;
 - ii. if you have specific questions about continuous eye protection in relation to outbreak measures already in place; or
 - iii. 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 not experiencing a COVID-19 outbreak:

Note: For sites/units on outbreak, follow the guidance being provided by IPC/MOH.

3. For health care workers (HCW) providing direct care in a congregate setting:
 - a. Follow Infection Prevention and Control (IPC) protocols including hand hygiene and the use of additional personal protective equipment when delivering resident care according to the AHS [point-of-care risk assessment](#).
 - b. HCW should wear a surgical/procedure mask at all times and in all areas of their workplace if they are involved in direct resident contact and cannot maintain adequate social/physical distancing from residents and co-workers.
 - c. The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the HCW feels it may have become contaminated and after care for any patient on Droplet +/- Contact precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).
 - d. When taking a break, or eating a meal, the wearer should dispose of the mask and perform hand hygiene. Social/physical distancing must be maintained and a new mask should be applied before returning to work.
 - e. For dementia units and other settings where it is difficult to monitor residents for respiratory symptoms:
 - i. where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body fluids, eye protection (e.g. face shields) should also be worn.
4. Staff who do not work in resident care areas or have direct resident contact but work in the healthcare setting, including but not limited to housekeeping, food services, maintenance, administration and office staff:
 - a. are only required to wear a surgical/procedure mask if social/physical distancing (2metres or 6 feet) cannot be maintained at all times in their workplace;
 - b. are required to wear a surgical/procedure mask for the duration of their interaction if entry into resident care areas is required.

Home Care Staff

5. For Home Care staff in a non-Supportive Living environment (e.g. private home, seniors apartment, condo complex, etc.):
 - a. When able to call ahead prior to providing care, have the client complete the [self-assessment online](#) or ask them the questions over the phone. When the staff member arrives at a client's home or clinic, always do a [point of care risk assessment](#), and ask the self-assessment questions again. All household members must complete the self-assessment prior to providing client care.
 - i. If any individuals are experiencing symptoms, initiate contact and droplet precautions. [Don appropriate PPE](#) for entry to the residence.

- b. For clients not requiring contact and droplet precautions, home care staff should wear a surgical/procedure mask at all times if they are involved in direct client contact and cannot maintain adequate social/physical distancing from residents and co-workers.
 - i. The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the HCW feels it may have become contaminated and after care for any patient on contact and droplet precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).
 - ii. Masks need to be disposed of upon leaving the client's home. Follow procedures to [doff appropriate PPE](#).
- c. Where there is close contact (i.e. within 2 metres) and a likely risk of contamination with, or exposure to, splashes, droplets of blood, or body fluids, eye protection (e.g. face shields) should also be worn. Unless both conditions are being met, face shields are not recommended.
- d. To dispose of appropriate PPE, surgical/procedural masks when completing a home visit:
 - i. When you're calling clients to complete the Pre-Screening, ask them to place a small garbage can by the front door so you can doff and dispose of your PPE safely. Let the client know they'll need to dispose of your PPE/mask.
 - ii. Before you doff your PPE, make sure to ask clients and anyone else in the home to remain 6 feet/2 metres back.
 - ii. Put mask in black garbage bag and dispose of in client's garbage can.
 - iii. If either of these cannot be done, remove PPE once you're outside of the client's home. Dispose of the PPE/masks by double bagging black garbage bags (available in PPE kits or from the supply carts). Further information is available in the [Provincial Guide: Community Based Services Waste Disposal](#).