

## **Guidelines for Continuous Masking 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, Residential Addiction Treatment sites, 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 10-2020](#) 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 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.
  - 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 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.

3. 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 (2meters 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.
4. For Home Care staff in a non-Supportive Living environment (e.g. private home, seniors apartment, condo complex, etc.):
  - a. A [point-of-care risk assessment](#) should be performed prior to entering the suite/house.
    - i. For a client, or anyone in the home, with no symptoms, care can be provided as per usual wearing a surgical/procedure mask.
    - ii. For a client, or anyone in the home, with symptoms suggestive of COVID-19 or of ILI do not initially proceed with care as usual.
      1. Ask your client if they have a backup plan in place for care that can be enacted.
      2. If not, and the care is essential, [don appropriate PPE](#) for entry to the residence.
  - b. 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). Follow procedures to [doff appropriate PPE](#).