

MCCSS Congregate Living Settings Operational Guideline for COVID-19 Universal Source Control Measures (December 1, 2020)

Staff Masking/Eye Wear Usage:

- Within five business days, all MCCSS-funded congregate living settings will implement source control masking practices, requiring that all staff wear a surgical/procedure mask and face shields at all times (except when eating or drinking and maintaining a full 2 meters / 6 feet physical distance from others).
- Masking and eye protection are supplementary and NOT A SUBSTITUTE for other important infection prevention and control practices, including active symptom screening, hand hygiene, and physical distancing.

The guidelines contained within this document are the minimum standards to be implemented in congregate care settings. The standards may be exceeded in certain circumstances (e.g., confirmed or suspected outbreak environment).

Each Transfer Payment Recipient and/or Licensed Children's Outside Paid Resource is to provide surgical/procedural masks and eye protection (face shields) to staff and are also required to provide visitors with surgical/ procedural masks as necessary.

Principles and Practices for Staff Masking:

- Staff will be provided with one (1) surgical/procedure mask (mask) at the beginning of their shift. Staff will immediately perform hand hygiene and don the mask.
- Masks and face shields are to be worn throughout the shift and removed only when:
 - Eating and drinking
 - Are outside and capable of physical distancing,
 - Are alone in an office.
- When removing a mask that can be re-used, staff are to:
 - Perform hand hygiene,
 - Remove the mask by undoing ties or removing the loops from around the ears,
 - Fold the mask inwards so that the outside surface of the mask is exposed and the inside (the side that lies against the face) is protected,
 - Place the mask in a clean paper bag folding the bag closed or a plastic container with a lid,
 - Perform hand hygiene.

- When re-using the mask:
 - Perform hand hygiene,
 - Remove the mask from the bag, handling the mask in a manner that minimizes contact with the exposed mask surface,
 - Don the mask,
 - Perform hand hygiene.
- Masks are intended to be worn for extended periods and re-used for the entire shift, however the mask should be replaced if the mask is:
 - Soiled
 - Contaminated (e.g., if someone coughs on you),
 - Moist or wet
 - Damaged, and/or,
 - Difficult to breathe through.
- At the end of the scheduled shift, staff are to:
 - Perform hand hygiene,
 - Remove the mask, by undoing the ties or removing the loops from the ears,
 - Discard the mask into regular garbage,
 - Perform hand hygiene,
 - Discard bag.

Visitor Masking:

- All indoor visitors, regardless of designation (essential, non-essential, and designated), are to wear a surgical/procedure mask.
- As stated above, each Transfer Payment Recipient and/or Licensed Children's Outside Paid Resource is to provide surgical/procedure masks to indoor visitors and where otherwise required.
- Outdoor visitors are to maintain a physical distance of 6 feet / 2 meters and wear a face covering or non-medical (e.g., cloth) mask. Face coverings are to be provided by the visitor.
- Visitation access must align with The Visitor's Guidelines 2.0: Re-Opening of Congregate Living Settings or any enhanced precautions communicated through the Wave 2 Congregate Care memos.
- Visitors must wear the surgical/procedure mask during all indoor visits to a congregate living site.
- At the conclusion of the visit within the site, visitors are to:
 - Perform hand hygiene,
 - Remove the surgical/procedure mask, by undoing the ties or removing the loops from the ears,
 - Discard the mask into regular garbage,

- Perform hand hygiene.

Staff Eye protection (Face Shields, Goggles etc.):

Eye protection will be issued to each staff. Staff are responsible for the care and maintenance of re-usable items in accordance with appropriate [procedures and guidance](#).

Eye protection may be reused if the item is clear and intact. If the item is visibly damaged or suspected of damage, the item must be properly discarded. A process and area must be established to safely clean/disinfect eye protection upon removal and prior to removing/changing masks, including prior to breaks and at the end of a shift with the following minimum requirements to be included:

- Move away from resident room/care area to a designated cleaning station (e.g., outside break room, laundry area, bathroom etc.)
- Perform hand hygiene
- Put on gloves
- Ensure a clean level surface (designated cleaning station table) is available and the surface is cleaned and disinfected between cleaning each side of face shield or place a clean paper towel on table, and ensure table cleaning and disinfection between users
- Remove eye protection
- If heavily soiled, wash in utility sink (not hand hygiene sink) first
- Place eye protection on table
- Clean and disinfect with an approved cleaner/disinfectant wipe focusing on the external surface and allow to air dry
- Rinse under tap in sink if cloudy and dry with clean paper towel (using a product that contains alcohol will help to reduce clouding and hence the need for this step)
- Remove gloves and discard and perform hand hygiene after procedure

In terms of the frequency for cleaning eye protection that is being worn for an extended period of time:

- cleaning and disinfecting of extended use eye protection should occur when visibly soiled and/or,
- cross contamination risk is identified (e.g., eye protection adjusted with gloves during resident care) and other times, such as upon removal before breaks or after removal.

Ensuring that eye protection is not touched while being worn, or only touched and adjusted following hand hygiene, and that the eye protection has been cleaned and disinfected prior to re-donning is important.