

## What is Universal Inpatient Masking

Masking is a widely accepted and proven method of source control for the prevention of spreading COVID-19. It is a practice that LHSC staff, physicians, outpatients and visitors have been observing for several months. Due to the increased transmission of COVID-19 on your clinical unit, in order to protect both staff and patients, Universal Masking will now be required for all admitted inpatients (unless exempt by the medical team).

## What does Universal Inpatient Masking mean for my area?

All admitted inpatients on your clinical unit will be required to wear a mask (unless exempt). This mask must be worn when a staff, visitor or other patient is entering the patient's bed space and cannot maintain a 2m distance. Additionally, patients should wear a mask when they are leaving their bed space (e.g. going to the washroom or walking in the hallway for activities that are part of their care plan). Of note, patients should not wear a mask when sleeping.

In a semi-private or ward room, the bed space refers to any area within the curtained environment around the patient. In a private room, the bed space will be considered the entire room.

Patients will be provided with a new mask each day, or when their mask becomes visibly soiled. Patients can store their masks on a clean piece of paper towel when not in use. Your clinical area has taken the necessary steps to ensure that there is appropriate stock to provide masks to patients. An informational page has been provided to patient's describing proper mask donning and doffing as well as explaining the need for this new initiative.

## How will I know if my Patient is Exempt?

### *Exemption Categories*

All patients should be assessed by the MRP to determine the safety and appropriateness of masking. Below are potential categories of exemption:

- People with Severe Sensory Processing Disorders
- People with facial anatomy incompatible with face coverings
- People with PTSD triggered by a face covering (pre-dating COVID-19)
- People with extreme Agoraphobia/Asphyxia phobia (pre-dating COVID-19)
- People with Cognitive Impairment, Intellectual Disability, or Autism Spectrum Disorder who will be distressed or disorganized by wearing a face covering
- People unable to apply or remove a face covering without help
- Persons who are reasonably accommodated by not wearing a face covering in accordance with the Ontario Human Right Code
- People with acute/chronic respiratory distress

### *Non-Exemptions*

- Asthma and COPD are not contraindications to face covering wearing. The Canadian Thoracic Society states there is no evidence that wearing a face covering will exacerbate underlying lung conditions.
- Discomfort caused by a face covering is not an exemption.
- People wearing oxygen can wear a face covering over their nasal cannula. It does not impair their ability to continue to wear their oxygen, nor lower their oxygen levels.