

Klachkova, Anastasiya (CSC/SCC)

From: Dunn Kathleen (NHQ-AC)
Sent: February 22, 2021 12:43 PM
To: VanDalen Madison (NHQ-AC)
Cc: Clement Chris (NHQ-AC)
Subject: RE: Mask exemption

Maddi

An embargoed copy of the updated PHAC guidance (LTC) was shared, but not for distribution

This is what the updated guidance is recommending – awaiting final approvals before posting – then will share link

- The main changes include a move towards medical masks
- And eye / facial protection in addition to surgical masks for staff

The recommendations for LTC are for a congregate care setting with vulnerable populations – which is applicable to correctional facilities where congregate setting

Here are the details with relevant recommendations highlighted

Kathy

PHAC will continue to consider new evidence as it becomes available. The following statements summarize the current knowledge used to inform updates to the guidance:

- Transmission of SARS-CoV-2 may occur from individuals who do not have signs or symptoms of infection (those who are presymptomatic or asymptomatic)
- Transmission occurs primarily when individuals are in close contact with a person who is infected; transmission at close ranges may occur via large respiratory droplets that fall through the air and land on mucous membranes of a susceptible person's nose, mouth or eyes, and through inhalation of smaller suspensions of droplets or particles (often referred to as aerosols)
- Reports of SARS-CoV-2 outbreaks in certain community settings support that aerosol transmission occurs at least under some circumstances and that effective ventilation is important to mitigate spread. The extent and quality of ventilation may vary between and within healthcare settings, including LTCHs
- Some procedures have been found to be associated with increased risk of aerosol generation and transmission of respiratory viruses (often referred to as aerosol-generating medical procedures, AGPs, or AGMPs). Aerosols are also generated during other activities such as coughing, sneezing, or shouting. The infectiousness of aerosols created during different procedures or activities remains unclear. The infectiousness of aerosols also depends on the infectious dose of the virus (currently unknown for SARS-CoV-2) and likely varies during the course of illness. Contact tracing and viral studies suggest that immunocompetent individuals with COVID-19 are most infectious just before and within the first five days of symptom onset
- There is no evidence at this time of transmission of COVID-19 from room to room via air ducts
- SARS-CoV-2 may also spread when individuals touch surfaces or objects (also referred to as fomites) that have the virus on them, and then touch their mouth, nose or eyes before cleaning their hands

In this context, the following recommendations are being made in this guidance. LTCHs are also encouraged to refer to their provincial, territorial and local policies and regulations, which may vary depending on local epidemiology.

- **Medical masks are recommended for all LTCH staff and visitors at all times.**
 - o These masks can be removed for breaks or meals, during which chain of command physical distance of 2 metres from others should be maintained, along with minimal numbers of unmasked individuals in any given space. Breaks or meals should occur in larger spaces and at staggered times, away from resident areas where feasible
- **Eye protection (e.g., full face shields), in addition to medical masks, is recommended for all LTCH staff when working in resident care areas based on local epidemiology.** Eye protection, in addition to medical masks, is also recommended for visitors who are permitted to enter and be in close proximity to residents during an outbreak (e.g., for family caregivers in this setting where resident masking may not be tolerated and behaviours that increase risk of droplet spray may be common)
- **Medical masks should be strongly considered for residents when they are outside of their room or bedspace, or when they are within 2 metres of other individuals, while awake and where tolerated, particularly in the context of an outbreak**
 - o Masks should not be used for residents who have difficulty breathing or who are unable to remove the mask on their own (e.g., due to decreased level of consciousness, physical ability, mental illness, or cognitive impairment)
 - o Where resident masks cannot be worn, every effort should be made to maximize the distance (with a minimum of 2 metres) between residents and to ensure that barriers (e.g., plastic barriers or at least privacy curtains) are in place
 - o Staff should be educated that resident masking is just one layer of protection aimed at reducing overall transmission of COVID-19 within LTCHs, and that an individual resident's inability to mask should in no way affect the care they are provided
 - All staff, visitors, and residents who are asked to wear a mask should be informed about the importance of performing hand hygiene prior to putting on, and after removing or touching their mask, to reduce the risk of self-contamination, and of clean handling and storage of masks. Communication should be accessible and multilingual as required
 - o They should also be informed about the steps for proper hand hygiene, and be provided with access to a dedicated hand hygiene sink with soap or alcohol-based hand rub (ABHR), and a no-touch waste receptacle for proper disposal of the mask. It should be emphasized that wearing a mask does not lessen the need to adhere to other measures to reduce transmission, such as physical distancing
 - A minimum of Droplet and Contact Precautions (which includes wearing gloves, a gown, a medical mask and eye protection) should be implemented when caring for residents who are considered exposed to or suspected or confirmed to have COVID-19; substitution of an N95 or equivalent respirator in place of a medical mask may occur based on a staff point-of-care risk assessment (PCRA)
 - Heating, ventilation and air conditioning systems should be properly installed and regularly inspected and maintained

From: VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Sent: February 22, 2021 10:27 AM
To: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Subject: FW: Mask exemption

Hi there Kathy! Let me know if you would like to sit down you and I prior to this meeting to discuss potential edits. If they can be incorporated quickly, I am happy to try to adjust the document a little bit before we meet as a bigger group so that we can visualize the suggestions.

Let me know! Or, if you feel like it may be better to wait until the PHAC update that you mentioned, I am happy to wait as well. Thanks,
Maddi

From: Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>
Sent: February 19, 2021 1:54 PM
To: VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>; Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>; Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

I am free Monday afternoon from 1-2pm and after 3pm.

Yours,
Colin

From: VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Sent: February 19, 2021 1:53 PM
To: Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>; Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>; Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

Hi Jim,

I've just spoken with Kathy and Monday afternoon will work for both of us. Colin, will you be available as well? I will connect with Cindy to try to block off some time for this discussion after 2pm.

Thanks,
Madison

From: Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>
Sent: February 19, 2021 1:36 PM
To: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>; Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>; VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

Thanks Kathleen, my apologies Madison, several comments to discuss, I'm not in today so perhaps we could meet sometime after 2 on Monday to finalize the document, thanks Jim

From: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Sent: February 19, 2021 11:47 AM
To: Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>; Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>; VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Subject: Mask exemption

My apologies

Here is the attachment

From: Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>
Sent: February 19, 2021 11:46 AM
To: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

Hi Kathleen,

You didn't include the attachment with the comments.

Colin

From: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Sent: February 19, 2021 11:16 AM

To: Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>
Cc: VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>; Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

Jim

Thanks for this opportunity to review.
Have added a few general comments for consideration
Am available for a call to discuss.

Kathy

From: Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>
Sent: February 19, 2021 10:40 AM
To: Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>; Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Cc: VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Subject: RE: Mask exemption

Hi Jim,

I have made a few suggested edits using track changes, although they are hard to see because my edits are also blue but slightly darker (see attached).

Thanks for giving me the credit on this, but Madison did all the work ☺.

Yours,
Colin

From: Worthington Dr. James (NHQ-AC) <Dr.James.Worthington@CSC-SCC.GC.CA>
Sent: February 19, 2021 7:21 AM
To: Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>
Cc: Cameron Dr. Colin (NHQ-AC) <Dr.Colin.Cameron@CSC-SCC.GC.CA>; VanDalen Madison (NHQ-AC) <Madison.VanDalen@CSC-SCC.GC.CA>
Subject: Mask exemption

Hi Kathy,

Dr Cameron, the Senior Psychiatrist/ National Lead developed this Guidance on Mask Exemption with input from others. Appreciate your thoughts on this and if you had any suggestions as to strengthening/adjusting etc. After you've had a chance to review perhaps we all could have a call,

Many thanks Jim