

Influenza Control Program

Frequently Asked Questions

Masking

Influenza – or the flu – can be a serious contagious disease, which is spread by droplet transmission through close contact with an infected person. Infected individuals are highly contagious and can transmit the virus for 24 hours before they show any symptoms.

Each year, there are approximately 3,500 deaths from influenza and its complications across Canada. Influenza causes by far the most deaths among vaccine-preventable diseases, outpacing all others combined. Hospitalized patients and seniors in residential care are more vulnerable to influenza than healthy adults. The vaccine is also less effective in the elderly and those with compromised immune systems, making it even more important that their caregivers are vaccinated.

Infected health care providers can pass the virus on to their patients before they even know they are sick. The most effective way to prevent the flu is by getting vaccinated and adopting additional preventative measures, such as proper hand hygiene and proper sneezing and coughing etiquette. Immunization helps physicians, health care providers and those who come into regular contact with patients reduce their risk of contracting influenza and spreading it to their patients.

To protect patients in our facilities, in 2012 British Columbia's health authorities adopted a policy requiring all employees, students, physicians, residents, contractors, vendors and volunteers to get immunized or to wear a mask during influenza season when in a patient care area. To further protect patients, the policy was expanded to include all visitors to our health care facilities.

How do I comply with the Influenza Control Program Policy this year?

New for the 2015/16 season, all B.C. health care workers employed by a health authority and medical staff must report what they do to prevent flu – whether they have chosen to be vaccinated or wear a mask in patient care areas – by self-reporting using an online system (<https://influenzareporting.org> or <https://medicalstaffhealth.phsa.ca>)

To self-report, you must know your health authority employer and employee ID number, your home postal code, phone number and email, and (if applicable) the date of your flu vaccination and who vaccinated you (e.g. flu clinic nurse, family physician, pharmacist, public health, peer nurse immunizer, other). If you are employed by more than one health authority, you only need to report once using one health authority employee ID; the system will automatically notify your other employers.

If you report that you choose to decline vaccination, you will be required to wear a surgical/procedure mask in patient care areas for the duration of the influenza season to comply with the policy.

What is a patient care area?

A patient care area/location is defined as an area within a health care facility, including a contracted facility, hallways or lobbies, which is accessible to patients, residents or clients who are there to access care or services.

It includes any other location where care is provided, such as home and community care locations (including a client's home). It does not include locations such as administrative areas or private offices which are not generally accessed by patients, residents or clients.

What is the masking portion of this policy?

The most effective way to prevent the flu is by getting vaccinated, in combination with other preventative measures, such as proper hand hygiene. This policy requires that all employees, physicians, residents, students, volunteers, vendors and contractors be vaccinated against the flu each year or, for those unable or unwilling to get immunized, to wear a procedure mask when in patient care areas during the designated required vaccination period, typically from the beginning of December to the end of March.

Visitors are also included in this policy, and so will be expected to wear a mask when in health care facilities, if unvaccinated.

Why do unvaccinated workers need to wear a mask?

The primary purpose of having health care workers wear a mask is to prevent transmission of the virus to their patients at times when they are shedding virus with few or no symptoms, or if they are working when ill.

Based on current evidence, healthcare worker vaccination during the flu season is the best way to protect yourself and your patients from influenza. However, for healthcare workers unable or unwilling to be vaccinated, there is evidence to support mask-wearing as a reasonable alternative:

- There is good evidence that surgical masks reduce the concentration of influenza virus expelled into the air when worn by someone shedding influenza virus. Droplet transmission is a major route of influenza transmission, and masks act as a physical barrier to block large droplets propelled by coughing and sneezing.
- In conjunction with proper hand hygiene, masks have been shown to reduce rates of influenza-like illness in residents of college dormitories and households.

- Masks may also protect unvaccinated health care workers from infected patients or visitors with influenza, though the degree of protection for healthcare workers is uncertain.

If my patients are vaccinated, why do I need to wear a mask?

In most health care situations you will not know the vaccine status of your patient.

In addition, although vaccination is the best way to protect against influenza, it does not offer 100% protection. The vaccine may be less effective for some of your patients, as vaccine efficacy is lower for those with immune compromising conditions and the elderly, as compared to healthy adults. Among patients, being vaccinated may prevent infection or lessen the symptoms and duration of infection if patients do contract influenza, but some patient populations may still be vulnerable to serious illness if they are exposed to influenza.

Even if they are vaccinated, it remains important to protect patients from exposure to influenza virus in health care settings by consistently wearing a mask during the influenza season if you are unimmunized.

Is the evidence good enough to support the mask-wearing component of the Influenza Control Program Policy?

Recently, there has been some debate about the strength of the evidence supporting the role of masks in preventing influenza transmission. This area of research is new; compared to all of the influenza vaccine trials that have been undertaken over almost three decades, there are relatively fewer studies examining the role of masks. Although there is no gold standard randomized control trial (RCT) exploring the efficacy of masks to prevent influenza transmission from healthcare workers to patients, the evidence available to date consistently supports the use of masks to prevent influenza transmission in healthcare settings.

RCTs have demonstrated that mask-wearing has a protective effect for healthcare workers and reduces respiratory illness in shared living situations. Other studies have shown that masks redirect airflow away from the patient, reduce the concentration of influenza virus expelled into the ambient air, and reduce transmission over short distances. A review of studies about surgical masks and their preventive effect on influenza transmission, conducted by researchers at Vanderbilt University School of Medicine, concluded that, "recommendation of the use of face masks, combined with a continued emphasis on hand hygiene for preventing influenza-like-illness in crowded community settings, is reasonable based on scientific data."¹

Given the evidence, surgical mask use is recommended in healthcare settings by the Public Health Agency of Canada and many other organizations as a routine practice for

respiratory hygiene and droplet precaution when patients have influenza like illness (ILI) symptoms. Masks act as a physical barrier to prevent transmission of disease, as influenza spreads primarily through large droplets generated during coughing and sneezing.

The scientific literature will be periodically reviewed in order to identify and learn from new information.

1. Daniels T, Talbot T. Unmasking the confusion of respiratory protection to prevent influenza-like illness in crowded community settings. *Journal of Infectious Diseases*. 2010; 201(4): 483-485. <http://jid.oxfordjournals.org/content/201/4/483.full>

If there is a vaccine mismatch, why don't all health care workers have to wear a mask in patient care areas?

Wearing a mask, in conjunction with hand and respiratory hygiene, reduces the risk of influenza transmission. However, masking is still secondary to vaccination in terms of preventing the transmission of influenza.

Influenza seasons with pronounced vaccine mismatch are, fortunately, uncommon. During a season with pronounced vaccine mismatch, health care workers who have been vaccinated may voluntarily wear a mask to further reduce the risk of transmission. However, the policy will not be amended to require vaccinated staff to wear masks because there is no strong evidence to support universal masking as a preventive measure in the presence of pronounced vaccine mismatch and in the absence of an outbreak.

As in any season, to protect patients from influenza transmission during a season with pronounced vaccine mismatch, both vaccinated and unvaccinated staff members should consistently practice hand and respiratory hygiene and stay at home if they are experiencing influenza-like illness until symptom resolution.

What type of mask should I wear?

Procedure masks are used in this policy. These have been shown to be effective at reducing transmission from an infected person in several studies, and have been shown in a randomized controlled study to be as effective at preventing transmission of influenza as N-95 respirators in an acute care setting.

Where do I need to wear a mask and how long should I wear it?

While the most effective way to prevent the transmission of influenza is to get a flu shot and follow other preventative measures such as proper hand hygiene, if you are not

vaccinated you must wear a procedure mask whenever you are in a patient care area during the required vaccination period.

You do not need to wear a mask when eating or drinking. Unvaccinated workers are also not required to wear a mask in administration-only areas, including a private office, which are not generally accessed by patients, residents or clients.

When do I need to change my mask?

Simply change your mask when it gets overly moist – there is no set time designated when you need to change your mask.

It is important that you dispose of your used masks appropriately. Please dispose of masks in an available garbage can, and follow proper hand hygiene protocols before replacing with a new mask.

Please note, for this policy, we require that you wear a mask to prevent the transmission of influenza from you to a patient. This is different from when you might wear a mask to protect yourself from infection in a health care setting.

Routine infection control and safety practices unrelated to this policy (such as the use of respiratory protection, eye protection and hand hygiene) should not be affected by this policy. The use of masks for routine practices and additional precautions should continue as part of effective infection prevention and control programs.

For example, if you need to wear a mask as part of your personal protective equipment for providing care to a patient with a droplet transmitted infection, you should follow the appropriate procedures (including hand hygiene, use of eye protection, gowns, etc.), including putting on a new mask prior to patient contact and taking off the mask after patient contact.

If airborne precautions are required (for example when caring for a patient with tuberculosis), then the mask should be substituted for an N-95 respirator and usual infection control practices for airborne precautions followed.

What is the mask policy during an outbreak?

Wearing a mask, in conjunction with hand and respiratory hygiene, reduces the risk of influenza transmission; however, this remains secondary in effectiveness to influenza vaccination.

During an outbreak, additional measures are needed to prevent further transmission of illness in the facility because of the higher risk that exists at that time.

That is why, during a facility influenza outbreak this policy will be suspended at the outbreak location and the facility's existing outbreak policies regarding the use of exclusion and antiviral medications will apply.

What do I do if a colleague tells me they have not been immunized and I see them working without a mask?

This policy is in place to help protect our vulnerable patients, so we ask that you support and encourage one another in following it.

Please remind your coworkers of their responsibility to their patients and ask them to wear their mask so they don't transmit infection. Encourage each other with all aspects of the policy, including hand hygiene, respiratory etiquette and staying home when sick.

If they continue to ignore the policy, you are asked to report this behaviour to your supervisor, in the same way you would with any other patient safety concern.

What arrangements are in place to ensure mask wearing does not interfere with patient care?

There are many instances within health care settings – outside of this policy – where staff must wear masks.

Research during the SARS outbreak, when masks were widely used, showed that patients' fears could be allayed by simply explaining the reasons for mask wearing. This included pediatric studies where parents supported the use of masks to reduce the risk of disease transmission.

In all health care settings – including mental health, speech pathology and seniors or pediatric care – we encounter patients who are vulnerable to infection. It is important that we do everything we can to protect them from the risk of contracting influenza. While wearing a mask may seem inconvenient, that inconvenience is outweighed by the importance of protecting our patients.

To help explain the policy to patients or clients, health care facilities will have posters outlining that the policy is in effect, and that masks are being worn to protect them from infection. In addition, health care providers should explain why they are wearing a mask.

What arrangements are in place to accommodate staff with allergies or contraindications to the use of masks?

Unvaccinated staff member with medical contra-indications wearing a mask will be individually assessed by a medical health officer or workplace health, in accordance with established duty to accommodate processes and the Human Rights Code.

We know that you are committed to protecting your patients, and thank you for your dedication to their safe care and well-being.