For questions, comments, or concerns, contact Health, Safety and Wellness at 306-337-2370, Health.Safety@uregina.ca, or via the Health, Safety and Wellness website.

Covid-19 Control and Face Mask Background

The use of face masks is one piece in a comprehensive package of prevention and control measures that can limit the spread of certain respiratory viral diseases, including COVID-19. When masks are used, it remains vital that wearers comply with hand hygiene, physical distancing, and other infection prevention and control measures that are critical to prevent human-to-human transmission of COVID-19.

A mask is intended to trap droplets that are released when the wearer talks, coughs or sneezes. Face masks are most likely to reduce the spread of the COVID-19 virus when they are widely used by people in public settings.

Regardless of masking, members of the campus community must continue to:

- Stay home if you are ill or are experiencing any symptoms associated with COVID-19
  - Fever, cough, shortness of breath, sore throat, chills, headache, nasal congestion, conjunctivitis (pink eye), muscle joint aches and pain, loss of smell or taste, dizziness, nausea, vomiting, diarrhea, loss of appetite, runny nose.
- Frequently wash your hands with warm water and soap for at least 20 seconds. If water and soap are not readily available, use hand sanitizer with a minimum of 60% alcohol base.
- Maintain a 2-metre physical distance from others.
- Avoid touching your face, mouth, nose, and eyes.
- Follow public health directives.
- Practice good respiratory hygiene (i.e. coughing/sneezing into elbow)

Knowledge about the transmission of COVID-19 and measures to prevent infection is accumulating every day. Emerging data and studies regarding risk of community spread, asymptomatic transmission, efficiency/standard testing of masks, as well as many more topics necessitate changes to local, federal, or global health advice on methods to prevent the spread of illness. As more information becomes available, advice and prevention strategies will continue to evolve.
Effective Tuesday, September 1, 2020, faculty, staff, students, and visitors, including vendors and contractors, are required to wear an appropriate face mask in all indoor areas of campus facilities including classrooms, common areas, libraries, hallways, stairwells, elevators, and study/work areas. Face masks are also required in outdoor campus areas where physical distancing is not possible.

**Description of an appropriate face mask:** a disposable or reusable mask that covers the mouth, nose and chin ensuring a barrier that limits the transmission of infectious respiratory droplets. All face masks, whether disposable or reusable, should be made with at least three layers of tightly woven, breathable material; fully cover the nose and mouth and secure under the chin; fit snugly but comfortably against the side of the face; and be secured with ties or ear loops, allowing one to remain hands-free. Face coverings such as bandanas and gaiters do not meet these requirements. Masks fit people differently depending on their face shape; choose a mask that fits snugly and does not require adjustment/touching.

We are all responsible for modelling and encouraging compliance. If you see someone who is not wearing a face mask, remind them that it is required. They may have forgotten and appreciate the reminder. If they need a mask, refer them to the locations cited in the availability section below. And, if they refuse, please refer them to their supervisor, manager, or other person responsible for the area. It is important to show kindness to those who are unable to wear a mask while keeping in mind that unfounded non-compliance with the requirement to wear a mask may be subject to appropriate action. We are confident however, that awareness and education will suffice to ensure compliance.

**Exceptions**

i. With consultation of Health, Safety and Wellness, Departments/Faculties may designate spaces and activities where mask use is not required.

ii. Mask use will be subject to the health and safety requirements for a specific classroom, lab, or workspace due to the nature of the work, handling of hazardous/infectious materials, or other site-specific safety requirements. Appropriate mask use in these scenarios must be reviewed as part of a risk assessment by the work/lab supervisor/manager.

iii. Mask use is not required inside private offices, dorms, residences, or controlled access areas when working alone.

iv. Mask use is not required by person(s) who:
   a. are under the age of 2;
   b. are unable to place, use, or remove a mask without assistance;
   c. are unable to wear a mask due to a mental or physical concern or limitation;
   d. are consuming food or drink in designated seating areas;
   e. are engaged in aquatic activities.
Exceptions may be permitted for the use of eating/break areas, and instruction in selected fine arts (vocals or instruments such as woodwinds and brass). For face mask requirements in these areas refer to the faculty/department’s requirements.

Students, faculty, and staff seeking mask accommodations for reasons of health, religion, or ability to wear can access one of the following accommodation processes:

- Student may make use of the University’s existing student accommodation processes to address your request for accommodation. Students with accommodations will request their Accommodation Letters each term through the Centre for Student Accessibility. If you require an appointment or need to communicate with an Accessibility Advisor, please email accessibility@uregina.ca or visit the Centre for Student Accessibility webpage. If accommodations are granted, alternative health and precautionary measures must be discussed with course instructors.
- Faculty and staff requiring accommodation may contact the Healthy Workplace Advisor (hwa@uregina.ca) for a workplace accommodation and must work with their department to ensure appropriate control measures to accommodate work.

Availability
For general use: students, faculty, staff, members of the public, and contractors/vendors will be responsible for procuring all personal face masks. Any face mask procured in the public/on the market that meets the minimum requirements of the definition above is acceptable. Faculties, departments, and other units are responsible for procuring medical masks, respirators, or face shields when non-medical masking is inappropriate/not sufficient to the work/learning task as deemed necessary by a risk assessment (see below). The number of masks required will depend on usage, as explained in the Appropriate Use of Masks section.

Campus community members arriving on campus without a mask will be provided a one-time, single use disposable mask and directed to procure a mask. Standardized, single-use, disposable, medical type face masks as well as reusable cloth masks are available at the Campus Store. Medical type face masks are also available to faculties, departments and staff through UR Stores (ur.stores@uregina.ca) located in Research & Innovation Centre, RIC 110.
Appropriate Use of Masks

Masks are not to be used as a substitute for personal protective equipment or in place of other controls, such as physical distancing, hand washing, barriers or not coming to campus/work while ill. While wearing a mask on campus, you are asked to follow appropriate use guidelines. In most areas, buildings, and facilities non-medical masks are generally appropriate for use, however it is vital they are used appropriately and safely. Appropriate donning (putting on), doffing (removing), and mask care must be practiced, and wearers must be aware of masking limitations. While wearing a mask on campus, you are asked to follow appropriate use guidelines. Hand hygiene should be practiced as regularly as possible whenever handling, putting on, or removing masks. Non-medical masks are not considered Personal Protective Equipment (PPE).

Health Canada has created a short educational video to help the public learn how to properly wear a non-medical mask. Click the video to the right to watch.

Masks should:
- Be donned (put on) and doffed (removed) properly to reduce contamination
- Allow for easy breathing
- Fit securely to the head with ties or ear loops
- Maintain their shape after washing and drying
- Be changed immediately if damp or dirty
- Be comfortable and not require frequent adjustment
- Be made of at least three layers of tightly woven material fabric (e.g. cotton or linen)
- Be large enough to completely and comfortably cover the nose and mouth without gaping

Masks should not:
- Be shared with others
- Impair vision or interfere with tasks
- Be placed on children under 2 years of age
- Be made of plastic or other non-breathable materials or have exhalation valves
- Be secured with tape or other adhesives
- Be made of materials that easily fall apart (e.g. tissues)
- Be placed on anyone unable to remove them without assistance or anyone who has trouble breathing

Limitations:
- Homemade masks are not regulated like medical masks and respirators
- They have not been tested to a recognized standard
- The fabrics are not the same as used in surgical masks or respirators
- The edges are not designed to form a seal around the nose and mouth
- They may not provide protection against the inhalation of virus-sized particles, rather they contribute toward the protection of others and reduction of community risk
Cleaning, Changing and Disposing of Face Masks
Masks become damp and difficult to breathe through after 2 to 3 hours of continuous use, so an individual may require multiple masks each day. The rate of mask changes and number of masks a user will require will depend on usage. For reusable masks, change your mask as soon as it gets damp, soiled, or contaminated and wash it before wearing it again. Bag soiled masks in a resealable container for later laundering. Launder reusable masks by hand or in a washing machine with other items using a hot cycle, and then dry thoroughly. Replace a reusable mask if it becomes damaged or non-functional.

Single use disposable masks should be discarded and replaced as soon as they get damp, soiled, damaged, or crumpled. After use, dispose of them in a lined garbage bin. Remember, masks become damp and difficult to breathe through after 2 to 3 hours of continuous use, so an individual employee/student may require multiple masks each day.

How to Put On (don) a Face Mask
1. Ensure the face mask is clean and dry.
2. Wash your hands with warm water and soap for at least 20 seconds before touching the mask. If hand washing is unavailable, use hand sanitizer with a minimum 60% alcohol base.
3. Ensure your hair is away from your face.
4. Place the face mask over your nose and mouth and secure to your head or ears with its ties or elastics. Adjust if needed to ensure nose and mouth are fully covered. The mask should fit snugly to the cheeks and there should not be any gaps.
5. Repeat Step 2.

While wearing a mask, it is important to avoid touching your face. If you do touch your mask or face, you should immediately wash your hands with warm water and soap for at least 20 seconds. You can also use hand sanitizer with a minimum 60% alcohol base. A mask should fit snugly and not require adjustment/touching.

How to Remove (doff) a Face Mask
1. Wash your hands with warm water and soap for at least 20 seconds. If hand washing is unavailable, use hand sanitizer with a minimum 60% alcohol base.
2. Remove the face mask by untying it or removing the loops from your ears. Avoid touching the front of the mask when removing it. It can be placed in a plastic bag temporarily if you are not at home. Make sure you close or zip seal the bag while storing it.
3. After removing the face mask, repeat Step 1.

Students, staff and faculty must review donning and doffing procedures appropriate to their study/work activities with their instructors/supervisors. Depending on the nature of work, such as avoiding contamination by hazardous materials, additional precautions may be required.
Risk Based Mask Use

Reusable non-medical masks will not be appropriate for all uses/scenarios. Higher risk activities, such as high respiratory activities, working with people who are unable to mask, or working with hazardous materials that impose additional precautions must be reviewed for appropriate mask use on a case-by-case basis. Supervisors/managers should consider their options or appropriate masking in their programs and always keep in mind that masking is a final point in the hierarchy of control/prevention measures.

For scenarios where masking is deemed appropriate, and where a higher standard mask is required due to the nature of the activities, consider usage of an standardized disposable medical mask, available as discussed in the requirements section. Medical masks are standardized to demonstrate performance in fluid resistance, differential pressure, filter efficiency, and flammability. Medical face masks are single-use and should be worn for a limited amount of time. These masks are not respirators and are not designed to create a complete seal and therefore do not protect the wearer from airborne contaminants. Masks should be regarded as contaminated after use and discarded accordingly. When it is safe to do so, masks should be replaced if they become wet, soiled, torn, or dislodged.

Respirators, such as N95’s or P100’s, are not appropriate substitutes for general mask use. Do not use respirators designed for high-risk healthcare workers simply for precautionary wear. Respirators must only be used as part of a respiratory protection program for the mitigation of hazardous materials and all users must be fit tested.

Face-shields are unknown to provide any benefit as source control to protect others from the spray of respiratory particles. Do not use face shields in place of masks. For those requiring face shields as a secondary barrier they should wrap around the sides of the wearer’s face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use. Not all face shields meet specifications for eye-protection and are designed as a secondary barrier. Face-shields of these types should be worn in addition to safety glasses when eye protection is required. Face-shields have been sourced and are available through UR Stores (ur.stores@uregina.ca) located in Research & Innovation Centre, RIC 110.

A risk assessment must be completed for occupancy/resumption of activities on campus to determine which tasks fall in higher risk categories, such as those where physical distancing cannot be maintained. See the Health, Safety and Wellness COVID-19 Resources Page for more information on the Faculty, Department or Business Unit Risk Assessments and other resources for those returning to campus.
Masking around hazardous materials must be sufficiently risk assessed. Using face masks in laboratories carries the risk of contaminating the masks and possibly the user. Special care should be taken when working with masks around hazardous materials and/or volatiles. Non-medical and medical masks are not designed as a barrier (such as respiratory or splash protection) for hazardous materials, therefore they should be changed/disposed of after any suspected contamination/exposure by hazardous materials; any such incidents must also be immediately reported to Health, Safety and Wellness. Additional measures should be used to prevent exposure to hazardous materials using the hierarchy of controls, such as local ventilation or fume hood for volatiles.

When considering masking around hazardous materials, consider:

- Alternative strategies: Could the work tasks be conducted differently (e.g. single occupant in a workstation) to avoid the need for masks?
- Contamination risk: Are reusable or disposable masks more appropriate?
- Fabric compatibilities of masks with hazardous materials (Polyethylene for medical masks, 100% cotton for most reusable masks).
- Flammability of masks (medical masks are Class 1, normal flammability, standard lab coats are 100% cotton). Hazards requiring Flame Resistant/Arc rated clothing require flame-resistant-rated masks, or other appropriate mitigating controls.
- Training for users on how to avoid contamination of masks.
- How reusable masks (if appropriate) are to be handled, stored, laundered, transported, donned and doffed according to laboratory/work procedure.
- For laboratories handling infectious materials consider:
  - PHAC guidance for CL2 Laboratories
  - CDC Guidance for General Laboratory Safety

For those experiencing fogging of safety glasses/eyewear when wearing a mask, see fogging in the FAQ below.
Masking FAQ

Q. What are the standards for medical face masks?

A. A 3-ply medical face mask usually contains a layer of melt-blown material between two layers of non-woven layer, the number of layers does not correlate with the bacterial filtration efficiency nor the fluid resistance of a mask. Manufacturers conduct tests to meet the ASTM or EN14683 standards before marketing medical grade face masks in the United States or Europe.

FDA required manufacturers to conduct the following tests:
- Fluid Resistance
- Differential Pressure (Delta P)
- Bacterial Filtration Efficiency (BFE)
- Particle Filtration Efficiency (0.1μm PFE)
- Flammability

Q. Why is the fit so important?

A. A mask is only as effective as its fit. There should be no gaps along the side, around the nose or under the chin that would allow air and droplets to bypass the mask. The mask should always be properly adjusted to fully cover both the mouth and the nose. A mask that fits improperly may causes excessive handling/adjustments, contaminating your hands and the mask.

Q. Will facial hair affect the effectiveness of a medical face mask?

A. Wearing a medical face mask reduces virus transmission. This is achieved by not allowing airborne particles to leak through the sides of the mask. Facial hair prevents the face mask from sitting directly on the face. The space created between your skin and facial hair will interfere with the fit.

Q. How do I know if the medical face mask is on correctly?

A. There are three things you should be looking for to ensure the proper fit.
   a. The aluminum nose piece is at the top
   b. The white surface is on the inside (against your skin) and the blue always faces out
   c. The pleats fall downwards and away from the nose

Q. What is the difference between a medical face mask and a respirator?

A. Medical face masks are loose fitting masks that cover the mouth and nose. They are designed to stop large droplets and splashes or sprays. A respirator is an item of PPE designed to reduce exposure to airborne contaminants. Known airborne pathogens include TB, SARS, Anthrax, and Hanta virus. Respirators must be individually selected to fit the wearer’s face and shown to provide a good seal. They also must be certified by NIOSH and accompanied with a respiratory program including fit testing and training on care, use, and maintenance.
Q. What is the difference between a medical face mask and a surgical/procedural face mask?

A. Medical face masks are also known as surgical and procedural face masks. They are the same type of loose fitting masks that cover the mouth and nose.


Q. How do I prevent the fogging of prescription/safety glasses when wearing a mask?

A. The most effective ways to prevent fogging of eyewear are:
   • Ensure the mask fits firmly to the bridge/around the nose. This is most easily done with masks containing malleable plastic/metallic band in the nosepiece, such as the disposable masks available at UR Stores.
   • Wash the eyewear with soapy water and gently dry. For prescription eyewear check with your optician if there are any protective/special coatings which may be damaged before washing.
   • Adjust the mask to fit underneath/be secured by the nosepiece/bottom of the eyewear.