

Saskatchewan Union of Nurses Position Statement on Mask Wearing in the Context of COVID-19

Masks are an important part of a multi-pronged approach to infection control and prevention in the context of viral respiratory diseases such as COVID-19. Masks can serve as both personal protective equipment (PPE) to guard against infection, and as a form of source control to prevent transmission from people who are already infected, whether they are aware of their status or not.

Our collective knowledge about COVID-19 is growing and changing continuously as the global pandemic unfolds. COVID-19 is principally a respiratory disease and infection can present on a spectrum from very mild symptoms to severe acute respiratory illness and death. Many people who become infected with the virus, and who have and will spread it to others, have not reported any symptoms at all.

Current evidence suggests that COVID-19 is primarily transmitted by respiratory droplets when people are in close proximity to one another. The virus can also be transmitted through contaminated surfaces or objects. Airborne transmission is likely when certain procedures that generate aerosols (referred to as Aerosol-Generating Medical Procedures or AGMPs) are performed. Experts are currently studying and discussing evidence on the extent to which COVID-19 can be spread by airborne aerosols in the absence of AGMPs. There are knowledge and research gaps related to AGMPs and airborne transmission of COVID-19 and these should be frankly acknowledged.¹

What does seem clear is that **the primary vector of transmission of COVID-19 is via respiratory droplets transferred between people in close proximity to one another in the absence of appropriate infection source control and personal protection equipment.**

Mask Wearing in Healthcare Settings

Based on what is known about COVID-19 transmission, the Saskatchewan Union of Nurse's (SUN) position on the use of masks in healthcare settings is reflected in the *Joint Statement of Principles* signed by the Ministry of Health, the Saskatchewan Health Authority, SUN, and other unions representing healthcare workers on May 15, 2020.² It states that, at a minimum, contact and droplet precautions – must be used by anyone coming into close contact with a confirmed or suspected case, and that fit-tested NIOSH-approved N95 respirators or approved equivalent or better protection must be used by anyone in a room where AGMPs are being performed, are frequent or probable, or with any intubated patients, and by anyone who enters a room before the prescribed settle time has elapsed.

The Saskatchewan Health Authority has also adopted a policy of continuous masking for all patient-facing healthcare providers to limit the chances of spreading COVID-19 in healthcare settings, and SUN supports this precaution.³

Mask Wearing in Community Settings

A growing number of public health authorities, governments at various levels, and other public and private institutions and organizations have developed policies that encourage or require the wearing of non-medical masks in non-healthcare settings.⁴

The strategy of mass mask wearing by members of the public has been met with concerns regarding improper or inconsistent use, and the false sense of security that may lead to lax observation of other public measures such as hand and respiratory hygiene, and physical distancing. These are valid concerns

and it must be emphasized that wearing a non-medical mask is **not a substitute for other public health measures, including hand and respiratory hygiene and practicing physical distancing.**

Others have pointed to the limited or contradictory scientific evidence – notably the lack of unequivocal evidence from randomized control trials (the medical gold standard) – regarding the effectiveness of non-medical mask wearing by the public. There are methodological challenges in evaluating the effectiveness of large-scale public health interventions such as respiratory and hand hygiene, social distancing, and widespread masking in public settings, particularly when adherence is inconsistent or unknown.

However, when dealing with a new virus about which evidence and understanding is rapidly evolving, it is appropriate to consider a wide range of sources of evidence – including not just controlled trials, but also observational studies, mechanical reasoning, and common sense – and to employ the precautionary principle when lives are at stake.

There is good evidence that mask wearing – particularly in closed settings – can be effective at infection source control: wearers are less likely to spread the virus to others. There are also good mechanical and common sense reasons to believe that it may provide some limited measure of personal protection. Since COVID-19 mostly spreads when droplets make it from one person’s respiratory system into another person’s respiratory system, the use of physical barriers such as a mask over the mouth and nose can help to make that less likely and less frequent at the community level. There is no single intervention that can offer 100% infection control and protection and all available measures known to be effective can and should be applied in combination.⁵

SUN’s Position

It is SUN’s position that the time has come to make the public health recommendation encouraging mask wearing in public settings when physical distancing cannot be maintained a mandatory public health precaution.

All public health measures depend for their effectiveness on broad and consistent adherence, and the best way to achieve this is with clear mandatory guidelines accompanied by clear communication and public education. Exceptions should be carefully considered, based on factors such as age (e.g. very young children), ability, and other factors. Efforts must also be made to ensure that members of the public have equitable access to the information and equipment they need.

The clearest benefit from public mask wearing is in reducing the likelihood of the wearer spreading the virus to others. Mask wearing is a public health measure that can benefit us all by flattening the curve of infection and providing community health protection. It is also a gesture and symbol of mutual respect and regard for one another. **I wear a mask to protect you; you wear a mask to protect me.** Making this additional precaution mandatory when physical distancing is not possible or unpredictable will help to reinforce this mutual respect and regard and ensure clarity and consistency.

As registered nurses and advocates for the health and safety of patients, families, and communities, SUN members know that re-opening is not the same thing as returning to “normal” and that we all have a responsibility to abide by public health measures and to take the simple steps we know can help to slow or stop the spread of the virus.

¹ See for example: World Health Organization. 2020 (Updated July 9, 2020). *Q & A: How is COVID-19 transmitted?* Available at: <https://www.who.int/news-room/q-a-detail/q-a-how-is-covid-19-transmitted>

² See the Joint Statement of Principles here: <https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/ppe/joint-statement-principles-for-protecting-health-and-safety/joint-statement-principles-for-protecting-health-and-safety-with-signing-sheet-signed.pdf>

³ See Saskatchewan Health Authority. 2020 (April 17). 'Continuous Masking Principles and Guidelines.' Available at: <https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/ppe/sha-continuous-masking-principles-and-guidelines.pdf>

⁴ See for example: Public Health Agency of Canada. 2020. 'Non-medical masks and face coverings: About.' Available at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>; and Centers for Disease Control. 2020 (updated August 7, 2020). 'Considerations for Wearing Masks.' Available at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

⁵ Derek K. Chu, Elie A. Akl, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger J. Schünemann, on behalf of the COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors. 2020. 'Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis,' *Lancet*, 2020; 395: 1973-87. Available at: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31142-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31142-9.pdf)