

The Regional Municipality of York

Regional Council
Community and Health Services
July 9, 2020

Report of the Commissioner of Community and Health Services and Medical Officer of Health

Public Health Considerations of Mandating the Use of Face Coverings as a Measure to Reduce the Spread of COVID-19

1. Recommendations

1. Regional Council endorse the Medical Officer of Health issuing an instruction, consistent with the approach taken by other Public Health Units including the Regional Municipality of Durham, that requires operators of enclosed public spaces to have a policy in place that prohibits persons from entering premises of the establishment if the person is not wearing a non-medical face covering, subject to appropriate exemptions.
2. The instruction shall further specify that best efforts shall be made by operators of enclosed public spaces in good faith, to only allow entry to persons wearing a non-medical face covering and that education rather than enforcement shall be the principle objective of the instruction.

2. Summary

This report is prepared to assist Council in carrying out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act*.

In response to the request made at the [June 25, 2020](#) meeting of Council, this report provides information on moving beyond recommending face coverings to requiring their use by well individuals in settings where physical distancing cannot be maintained.

Key Points:

- Through the various phases of the pandemic, consistent with current Provincial, Federal and International recommendations, York Region has consistently promoted preventive measures such as staying home when ill, hand washing and maintaining physical distancing of two metres
- In York Region, wearing a two layer non-medical mask or face covering has been promoted in situations where physical distancing cannot be maintained and is now required on York Region Transit as of July 2, 2020

- Like York Region, a number of jurisdictions are considering mandating the use of face coverings in places beyond transit
- At this current time, York Region is starting to see reduced rates of new cases and community transmission, indicating a diminishing risk of acquiring COVID-19 when going out in the community
- Initial observations and public surveys support the notion that Public Health’s current messaging about wearing face coverings when physical distancing cannot be maintained has demonstrated some success, with the majority of individuals observed to be wearing face coverings when in public
- Research on the use of face coverings in public settings has limitations, however there is a growing body of evidence demonstrating some effectiveness in preventing the spread of COVID-19
- Wearing a face covering may not be possible for some people, and as such, a few exemptions must be included in any policy to mandate the use of face coverings
- Improper donning (putting on), doffing (taking off) and use of face coverings can increase the risk of transmission COVID-19
- A range of socio-behavioural impacts, both positive and negative, have been experienced related to mandatory face covering policies
- Policies requiring the use of face coverings should be accompanied by widespread public education campaigns on the rationale for face coverings, educating people on who is not able to safely wear them, the correct use and handling of face coverings to prevent risk of contamination to the wearer, and proper disposal
- The implementation of face mask policies should include consideration of how to best assist low income households to acquire face coverings

3. Background

York Region is successfully continuing with COVID-19 emergency response measures as it transitions into the various phases of reopening

York Region’s emergency pandemic response includes timely case and contact management, outbreak management, assessment centre testing, and promotion of preventive advice to the public.

On Friday June 19 2020, the Province permitted York Region to progress to stage two which expanded on the list of businesses and sectors permitted to re-open including places of worship, personal services settings, personal services such as wedding chapels, restaurant and bar patios, shopping malls and centres, water and recreational facilities, beaches, parks and camping and community services (e.g. libraries and community centres).

York Region progressed into stage two of re-opening for the following reasons:

- York Region Public Health has continued to meet provincial targets for the timely follow up of COVID-19 cases and contacts. For example, between June 1, 2020 – June 18, 2020 Public Health met the provincial target of following up with 90% of new cases within 24 hours, and since June 19, 2020, Public Health has been exceeding the provincial target by following up with 100% of new cases within one day
- Testing rates remain high through the three hospital run assessment centres
- York Region is experiencing a decline in both institutional and community transmission of COVID-19 cases

In line with the Provincial Framework for Reopening, over the next few weeks, the province will continue to monitor these metrics in deciding when York Region can move to stage three's re-opening. Stage three includes further relaxing restrictions on public gatherings as well as the opening of settings like: remaining workplaces and community spaces, and dine-in for restaurants, bars and other food services, among others.

York Region Public Health will continue to build on its efforts to prevent new COVID-19 infections as the transition to reopening continues, including through communications and education to the public.

The Region's messaging encouraging face coverings when physical distancing of two metres cannot be maintained is consistent with expert health advice and the advice of other governmental bodies

Public Health's position and key messages are consistent with guidance provided by the World Health Organization, US Centre for Disease Control and Prevention, Public Health Agency of Canada and Ontario's Ministry of Health:

- Wash hands often with soap and water or using an alcohol based hand sanitizer if soap and water are not available
- If symptomatic, stay home and avoid contact with others
- Ensure individuals maintain two metres between themselves and others
- When physical distancing cannot be maintained, wear a two layer, non-medical mask or face covering
- Increase cleaning and disinfection of high touch surfaces in the home
- If experiencing any symptom of COVID-19 or if worried about an exposure, seek assessment and testing at one of the three COVID-19 Assessment Centres in York Region
- Keep a journal of places they have been and close contacts they have had, so that in the event they get COVID-19, contact tracing will be faster and easier

The World Health Organization encourages the general public to wear face coverings in specific situations and settings

Face coverings refer to a broad category which can include medical or non-medical masks or coverings like a bandana, scarf or other fabric that covers the mouth and nose.

Face coverings help prevent the wearer from spreading respiratory secretions through coughing, sneezing or talking from travelling into the air and posing a risk to others. The advantage of face coverings for seemingly well people, is to avoid the risk of spread should they actually be pre-symptomatic or have mild symptoms; not to protect themselves as the wearer.

On June 5, 2020, the World Health Organization released an interim [guidance document](#) which provides advice and recommendations on the use of face coverings for preventing transmission of COVID-19. The guidance documents encourage the general public to wear face coverings in the following situations and settings to help achieve source control (i.e. help protect others from the person wearing the face covering):

- Areas with known or suspected widespread transmission *and* limited or no capacity to implement other containment measures (e.g. physical distancing, contact tracing, appropriate testing, isolation of suspected and confirmed cases)
- Settings with high population density where physical distancing cannot be achieved; surveillance/testing capacity, and isolation/quarantine facilities are limited (e.g. people living in cramped conditions and specific settings such as refugee camps, camp-like settings)
- Settings where a physical distancing cannot be achieved (e.g. on a bus, plane, train)
- Specific working conditions which places the employee in close contact or potential close contact with others (e.g. social workers, cashiers, servers)

In these settings, the World Health Organization advises the wearing of masks may add to a comprehensive approach; however, mask wearing should not replace other protective measures to suppress COVID-19 transmission

York Region approved Transit Bylaw amendments to include a mandatory requirement to wear non-medical face mask or coverings on transit vehicles

Public transportation represents a unique setting when it comes to the ability to adequately physically distance. York Region Public Health supports the [June 25, 2020](#) Council approved transit [bylaw](#) to make it mandatory for travellers to wear face coverings on York Region Transit. A number of jurisdictions have mandated the use of face coverings on public transit, including Toronto, Ottawa, Hamilton, Guelph, Mississauga, and Brampton.

As restrictions ease, requiring face coverings in settings beyond transit is being considered and adopted across a number of jurisdictions

Mandating face coverings among the general community is being considered and deliberated on by many jurisdictions. Attachment 1 provides information about Ontario jurisdictions which require face coverings as an additional measure to supplement the public health measures of physical distancing, hand washing and staying home when ill.

All jurisdictions to date in Ontario have excluded outdoor settings and indoor spaces not open to the public in their mandatory face covering policies or orders. The scope of what's included differs slightly between jurisdictions. For example, child care centers and day camps are exempt from the face covering requirement in all but one jurisdiction and some jurisdictions have moved beyond the commercial retail sector to include places like faith based settings and community centres.

Common reasons cited by these jurisdictions to mandate the use of face coverings include:

- Ongoing local transmission (for example, at the time Windsor-Essex enacted its order at the time when they had the fourth highest rate of COVID-19 in Ontario)
- Risk of and evidence of outbreaks in community settings or workplaces
- Poor local compliance with public health measures like physical distancing and the use of face coverings
- Concern over the effect of reopening on physical distancing opportunities

As further detailed in the report by the Deputy Regional Solicitor, some jurisdictions (e.g. Regional Municipality of Durham) have issued an instruction in line with the recommendation made in this report, to require operators of certain indoor establishments and organizations to have a policy whereby best efforts would be made to prohibit persons from entering premises of the establishment if the person is not wearing a face covering. This policy is to be enacted in good faith and be used as an opportunity to educate the community on the use of face coverings.

There are groups in our community where face coverings may pose certain challenges, who would need to be exempt

Individuals who may face more difficulties with wearing masks include individuals with:

- Chronic respiratory diseases (e.g. asthma, Chronic Obstructive Pulmonary Disease)
- Mental illness
- Developmental challenges
- Elderly individuals with cognitive impairment

- Facial trauma or recent jaw, mouth or face surgery

Common exemptions to face coverings include:

- Children under two years of age
- Children under five chronological or developmental age that refuse to wear it and cannot be persuaded to do so by their caregiver
- Anyone who it would inhibit their ability to breathe
- Anyone for any other medical reason where the person cannot safely wear a face covering, such as respiratory disease, cognitive difficulties, difficulties in hearing or processing information, recent surgery (jaw, mouth or face), anxiety

Individuals who work in a setting where face coverings may increase the risk of heat related illness or cause safety concerns due to introduction of a hazard (e.g., straps getting caught in machinery). Decisions on the use of face masks for their setting are made by the workplace occupational safety and health. In addition, individuals should not wear face coverings while engaged in:

- Activities like when swimming at a beach or in a pool as wet face covering may make it difficult to breathe
- High intensity activities, like running, where a face covering would make breathing difficult

Under the Health Protection and Promotion Act, a Medical Officer of Health has discretion to issue a Section 22 order in the health unit served by them

Under the *Health Protection and Promotion Act*, a Medical Officer of Health has the discretion to issue a Section 22 order in the health unit served by them when they believe:

- A communicable disease exists or may exist
- The communicable disease presents a risk to the community
- The requirements in the order are necessary to decrease or eliminate risk to health presented by the communicable disease

A Section 22 order is most often used when an individual has a diagnosed communicable disease (e.g. tuberculosis) and is not complying with tried and tested public health recommendations (e.g. to self-isolate), despite staff's best attempts at working with the individual to address barriers for action.

The approach at York Region Public Health has been to use this tool as one of last resort, following public health principles of using the least restrictive means to achieve an outcome.

At the [June 25, 2020](#) meeting of Council York Region's Medical Officer of Health communicated his preference and rationale in regards to issuing a Section 22 order requiring face coverings in York Region at this stage in the pandemic.

The preference of the Medical Officer of Health is that the decision to require people to wear face coverings is a policy decision of Council and that Council also considers the recommendation made above based on all the factors outlined in this report and the private report of the Deputy Regional Solicitor. This approach would be complemented by ongoing advertising, signage, and community outreach to promote:

- a) When and why to use a face covering
- b) The correct use and handling of face coverings to prevent risk of contamination to the wearer
- c) Proper disposal of face coverings

4. Analysis

Ontario's Chief Medical Officer of Health strongly recommends, but does not require, the use of face coverings

Ontario's Chief Medical Officer of Health participates in a range of federal and provincial technical and advisory tables made up of epidemiologists, public health and other experts that take a thorough and comprehensive look at public health practice and policy decisions such as this. On June 26th, the Associate Chief Medical Officer of Health informed local Medical Officers of Health that the issue of mandatory face coverings was discussed at the provincial Public Health Measures table where it was decided that the provincial position would now reflect a "strong recommendation", not a requirement.

The epidemic is currently slowing in York Region

At the peak of the epidemic, during the week of April 12 to 18, 2020, there were roughly 50 cases reported per day (which corresponds to an average risk of acquiring COVID-19 in the population of 34 cases per 100,000 York Region residents). Since the week of May 31, 2020, the case count has been declining. In June, the number of cases dropped to 22 per day (a risk of 10.3 cases per 100,000), and by the first week of July there was an average of 12 cases reported per day (a risk of 8.9 cases per 100,000),

The Medical Officer of Health in York Region has set a pre-vaccine target at roughly seven cases per day, at which point it could be said that the virus is containable.

In York Region, the most common reason for infection is close contact with an infected person

Table 1 shows sources of cases for the period of June 21 to July 4, 2020.

Table 1
Source of COVID-19 Cases June 21, 2020 to July 4, 2020

Source	Count	%
Close Contact (includes household contacts)	84	38.4
Local Transmission (no known source of infection identified)	53	24.2
Outbreak	45	20.5
Information Unknown or Pending	25	11.4
Travel	12	5.3
Total	219	100

At this stage in the pandemic, the most common reason for infection is close contact with an infected person. Between June 21, 2020 and July 4, 2020, 38.4% of cases acquired COVID-19 from being in close contact with another person who is known to have COVID-19 (56). Close contacts may not be as impacted by policies mandating the use of face coverings since they may be more likely to gather in private settings like homes.

In York Region, less than one-quarter of cases are due to community transmission, the category most amenable to prevention through the use of face coverings in public settings

Local transmission, cases with no clear epidemiological link to a known case, represented 24.2% of cases (35).

Travel cases are those which acquired the infection abroad. Outbreak related cases most often occur in institutions like Long Term Care Homes (where staff and visitors are already required to wear face coverings) or workplaces (initial anecdotal estimates by York Region Public Health indicate that 80% of workplaces are requiring the use of face coverings by their employees). As of June 26 2020, York Region had a total of 73 confirmed workplace clusters, of which just 5% were in the retail sector in settings accessible by the general public. As such, the benefit of mandatory face covering policies on the travel and outbreak categories of transmission may be limited, depending on their scope.

While the Region's numbers may be improved, continued vigilance is necessary

At this time, it is too early to determine the impact of the stage two reopening on cases and outbreaks of COVID-19 in York Region. On July 2nd, Ontario's Associate Medical Officer of Health indicated that preliminary analyses of the places in Ontario that moved to stage two earlier than York Region do not seem to be resulting in increased cases and outbreaks, though further analyses are pending.

A second or even third wave before wide-spread immunization continues to be a risk. To reduce the risk, York Region and public health units across Ontario continue to engage in case and contact management outbreak management, testing, supporting infection, prevention and control measures and messaging regarding physical distancing, hand washing and staying home when ill. The risk increases if people fail to observe physical distancing or to remain home when symptomatic. The Medical Officer of Health and Public Health staff continues to monitor York Regions progress as the province re-opens, prepare for a second and third wave and to make further public health recommendations when needed.

Scientific research on face coverings in the community has limitations, however there is a growing body of evidence on its effectiveness in preventing spread of COVID-19

The impact of widespread use of face coverings by healthy individuals in the community is not yet supported by high quality or direct scientific evidence. The majority of current evidence is indirect and based on weaker quality studies (e.g. ecological studies comparing various jurisdictions, modeling studies and more anecdotal case reports). The main limitations of these types of studies include assumptions that may not hold true in real world settings (modeling studies) and difficulty in assessing the specific effect of one intervention, in this case the use of face coverings, with other measures that may differ between different jurisdictions (like social distancing rules and "lock downs").

Despite these limitations, there is increasing evidence and scientific opinion demonstrating the potential benefits of more universal usage of face coverings, particularly in situations where physical distancing is less possible (e.g. public transit, grocery stores). For example, various ecological studies comparing jurisdictions with and without mandatory face covering policies have found statistically significant reductions in daily growth or incidence rates and death rates in jurisdictions with these laws compared to those without. Modeling studies have shown substantial estimates of the number of cases and deaths that are thought to be prevented as a result of universal face covering policies in various epicenters of the pandemic, such as Italy, Wuhan and New York.

The research points to some important scientific considerations related to effectiveness:

- While medical masks have a benefit in both protecting the wearer and for source control, experts do not advocate for their use among the general public out of concern it may strain the supply of medical masks for health care workers

- Non-medical or cloth face coverings can be adequate substitutes for medical masks in certain settings
- There is limited evidence that face coverings protect the wearer from respiratory droplets produced by others. They are more for the purposes of source control, as described earlier
- To have an impact, uptake in the population should be in the range of 80% and be implemented early in the pandemic. Even lower quality face coverings may have population level benefit if uptake is high (in the range of 80%)

Exactly how widespread the voluntary use of face coverings is in York Region is uncertain, but some information indicates they are being used

Although specific data on the number of York Region residents wearing face coverings when frequenting public settings is limited, York Region has conducted observational studies at three Regional malls. Between June 27, 2020 and July 2, 2020 staff completed eight 30 minutes observational sessions counting the number individuals entering the malls (not including children who appeared to be two years or younger). These observational studies found:

- Vaughan Mills: 61% of individuals entering the mall wore face coverings
- CF Markville: 82% of individuals entering the mall wore face coverings
- Upper Canada Mall: 52% of individuals entering the mall wore face coverings

Other observations included:

- Some people were not wearing their face coverings correctly (e.g., covering only a portion of the nose and mouth)
- No issues were identified with youth or others congregating in groups
- Physical distancing was practiced in line ups
- Most operators were wearing face coverings
- In one mall, face coverings were being provided including instructions on use

More broadly, the Association for Canadian Studies conducted a web survey from May 29 to May 31, 2020 and reported the following which may be applied to some groups in York Region:

- In Ontario, 56% of people say they wear masks when they go out in public (e.g., mostly for grocery shopping and going to a pharmacy, less so on transit, or going to work)

Mandating face coverings can have a range of individual, social and behavioural consequences

The use of face coverings can provide an outward expression or sign of social solidarity. Protecting one's nose or mouth, despite the type of face covering, demonstrates that individuals care about the safety and wellbeing of themselves and others, and may result in feelings of empowerment on the part of the wearer because they are taking an active part in slowing the pandemic. Face covering use by all also reduces the stigma or singling out of individuals wearing the coverings because of being ill, exposed or at higher risk of COVID-19 due to certain medical conditions. Finally, more universal use of face coverings may support front line, essential workers in feeling more protected and comfortable at work.

However, there are unintended negative impacts with universal use of face coverings:

- Surveys and other reports point out facial coverings may result in facial dermatitis, facial lesions, itchiness and skin irritation, worsening acne, fogging of glasses, and difficulty in clear communication
- If worn or removed improperly, facial coverings may contaminate the wearer increasing their risk of COVID-19 and or other viruses
- Individuals that are unable to wear a mask due to medical reasons may be pressured to disclose their health status to businesses/establishments, experience stigma or social pressure due to not wearing a mask, or possibly experience isolation due to reluctance to go out into the community settings where face coverings are mandatory
- Individuals who rely on lip reading and facial communication/cues may find it difficult to communicate when people are wearing a mask. Some individuals may require accommodations to be put in place for this
- Purchasing of masks (either disposable or cloth) may present a financial barrier for low income households. Although masks are now in stock with some retailers, locating these items, travelling to obtain them and purchasing them may present a barrier for some households (both time and cost)
- Non-medical face masks are not standardized or certified, so there is no certainty of quality
- Depending on how policies are enforced income and other inequities may be exacerbated. For example, monetary fines may represent an additional financial burden for those unable to consistently secure/afford masks
- Impacts on personal protective equipment supply chains may be affected should individuals try to obtain higher quality medical masks for use in non-health care settings
- Impacts on community waste and litter as proper disposal of masks and personal protective equipment continue to be a challenge across York Region with these waste

materials appearing in parking lots, the blue box program and sewage waste, as opposed to safe disposal in the garbage

Lastly, experts continue to be concerned that mandatory face covering policies may result in a false sense of security for people. However, two recent studies in Europe found that physical distancing measures are followed more consistently where there is facial covering use.

In both outdoor and indoor settings alike, face coverings do not represent a substitute for physical distancing

According to the Ministry of Health's guidance for managing contacts, even if two individuals are wearing non-medical face coverings, if they spend more than 10 to 15 minutes in close proximity, if one is infected, the other is still required to self-isolate for fourteen days.

Outdoor spaces tend to be lower risk

Outdoor settings represent a unique environment when it comes to COVID-19 transmission when physical distancing is maintained. Improved outdoor ventilation reduces the risk of propelling droplets in just one direction. In addition, opportunities for physical distancing are generally greater and indirect transmission from contaminated surfaces is reduced.

As mentioned above, to date, no jurisdictions have included outdoor spaces in their policies or *Health Protection and Promotion Act* Section 22 orders mandating the use of face coverings.

Mandating use in childcare and schools may result in more harm than good

COVID-19 affects children in different ways than it does adults. For example, the risk of severe illness in children is lower and the risk of children with mild symptoms transmitting COVID-19 on to others remains mixed.

A recent report from the Toronto's Hospital for Sick Children, [Recommendations for School Reopening](#), addressed the incomplete literature on the effectiveness of facial covering use among children as well as some of the harms of requiring all students and staff to wear masks for the full duration of the day, specifically, the deprivation of facial expression when communicating, and the risk to a child if not worn properly.

Increasing the use of face coverings in the community could be further improved by building on existing York Region communication and education efforts

Enhanced efforts through an expanded education and outreach campaign that mirrors the strategies to promote face coverings on York Region Transit could include social and digital advertising, increasing signage, and in-person distribution of masks and instruction on their safe use and disposal at public venues.

To date, York Region has promoted the use of two-layer non-medical face coverings when physical distancing cannot be maintained. Educational material about masks/face coverings,

including a number of graphics and a [video](#), were shared across all our digital/social channels and added to york.ca/covid19.

Widespread use of face coverings in the community have several public health implementation considerations

If a municipality decided to require face coverings in their jurisdiction, a supportive and instructional educational campaign should accompany this decision. Key educational topics could include:

- When and why face coverings should be worn
- How face coverings need to be used in addition to practicing other public health measures of hand washing and physical distancing
- How to safely put on, take off, and dispose of face coverings
- Clear communication about who should not wear a face covering and consideration to how these individuals will not be restricted from able to entering businesses

Face covering also presents equity considerations, as outlined. Implementation should consider increasing access to face coverings in some settings (e.g., settings where the public may be accessing social and income supports).

As described above, widespread use of face coverings has caused challenges for the Region's waste management system. Implementing policies on mandatory face coverings should include ongoing Region-wide education and enforcement of proper disposal practices at the curb and in the community with zero tolerance for masks in the blue box. To further reduce potential for litter, requiring additional garbage bins in areas where face coverings are mandated is also recommended. Where appropriate, encouraging reusable masks as an alternative to single-use disposable masks may also help to decrease waste and litter impacts.

5. Financial

In the event Council should decide to mandate facial coverings, implementation and enforcement would take time and the additional staffing required would be costly:

- Enforcement of a policy for mandatory face coverings would require additional staff. The annual cost of one temporary Public Health Inspector is approximately \$117,000 per year (inclusive of salaries, benefits, mileage, and technology requirements) and, attracting qualified staff could be difficult
- Additional administrative and supervisory staff may be required depending upon the number of public health inspectors hired

- Increased call volumes and the need for accompanying education and robust awareness campaigns would also require additional temporary resources to ensure adequate implementation

A sustained four-week communication and education campaign created and delivered by Regional staff is estimated to cost \$323,000 to \$428,000 includes the following components:

- Four weeks of social/print advertising. Estimated cost: \$58,000
- Four weeks of advertising and in-person displays at public venues across the Region. Estimated cost: \$240,000 to \$320,000
- Production of bus shelter advertising. Estimated \$25,000 to \$50,000

In addition, the cost of masks for distribution at community venues, is approximately \$180,000 excluding HST for 300,000 disposable mask or a range of \$5.00 to \$20.00 per non-disposable face covering.

It is unlikely there will be capacity to absorb these costs within the approved 2020 Public Health Operating Budget. While communication and education costs may be eligible for provincial funding, it is possible enforcement related costs would not be as the Province has not mandated face coverings. Eligibility criteria for provincial funding of COVID-19 Public Health costs are not yet available.

6. Local Impact

All actions taken by Public Health in the COVID-19 emergency response are for the protection of York Region residents, visitors and out of Region workforce. Public Health continues to respond to the evolving needs of the epidemic including case and contact management, outbreak management, assessment centre testing and infection, prevention and control measures workplaces and services in our community open up. Review of evidence and best practices will continue as the COVID-19 response evolves.

7. Conclusion

York Region will continue to actively promote education to the public on: frequent and thorough handwashing, regular environmental cleaning, staying home when ill and being tested according to up to date testing guidance, maintaining physical distancing of two meters, and wearing facial coverings where physical distancing cannot be maintained.

To achieve closer to 80% use of face masks in the Region, York Region Public Health recommends Regional Council endorse the Medical Officer of Health issue an instruction, the way other jurisdictions (e.g. Regional Municipality of Durham, Sudbury and City of Ottawa) have done, that requires operators of indoor establishments and organizations (with the appropriate exemptions) to have a policy in place that is enacted in good faith whereby best efforts would be made to prohibit persons from entering premises of the establishment if the

person is not wearing a face covering. This approach would be complemented by ongoing advertising, signage, and community outreach to promote when and why to use a face covering, the correct use and handling of face coverings to prevent risk of contamination to the wearer and proper disposal of face coverings

Finally, public health will also continue to actively monitor community trends in use, current epidemiology, the effects of progressing to stage two and three in the Province's re opening plan as well as emerging evidence, and make updated recommendations accordingly.

For more information on this report, please contact Dr. Karim Kurji at 1-877-464-9675 ext. 74012. Accessible formats or communication supports are available upon request.

Recommended by:

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Medical Officer of Health

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Chief Administrative Officer

July 6, 2020
Attachment (1)
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