

COVID-19 - Universal Mask Policy and FAQs

Effective Wednesday, April 15, 2020, all employees working face-to-face with patients in inpatient units, ambulatory clinic spaces, and procedural areas will be expected to wear procedural/surgical face masks at all times, while in their respective clinical care settings. The exception to this would include those health care professional wearing N95 respirators while providing care treatments that produce aerosols for presumed COVID-19 (rule out) or known COVID-19 positive patients.

We recognize this is a departure from standard infection prevention; however, we find ourselves in extraordinary times and given current circumstances, we believe this deviation from standard policy is warranted. This practice will be continually monitored and re-evaluated for extension with a tentative end date of May 18, 2020.

Process to Obtain and Discard Procedure/Surgical Mask

A procedural face mask will be issued at the start of each shift, for those individuals working face-to-face with patients (for 10 minutes or longer). Masks will be available at the temperature stations and will be used throughout the shift. In the event that the mask becomes visibly soiled, saturated or damaged, a new mask must be obtained from the House Supervisor. We ask all personnel to make every effort to help preserve the supply of PPE and reduce the need for replacement masks whenever possible.

At the end of shift, personnel will be asked to doff their face mask as they exit the building.

Infection Prevention Guidance on Procedure/Surgical Mask Use and Re-Use

To Doff mask with intent to reuse

1. **Perform hand hygiene**
2. Remove mask
 - a. Remove ear loop mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
 - b. Remove tied mask by untying lower ties FIRST. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
3. After removing mask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.
4. If the mask is NOT visibly soiled, torn or saturated, carefully store **on a paper towel exterior side down**.
5. **Perform hand hygiene.**

To Re-Don Mask

1. **Perform hand hygiene**
2. Grasp mask
 - a. Pinch procedure mask at the ear loops or



- b. Grasp upper ties on surgical mask
3. Place over face
 - a. For ear loop mask: Secure ear loops behind the ears. Secure mask.
 - b. For tied mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. **Perform hand hygiene**

A disposable mask can be worn throughout your shift if not visibly soiled, torn or saturated, and NOT touched while delivering patient care.

Conservation of PPE

Iverson has an adequate, but not inexhaustible, stock of masks for staff utilization. In an effort to maintain the supply, conservation of masks is essential. We have no way to predict how long this pandemic will affect us. In an effort to ensure masks continue to be available to healthcare workers, we must make all efforts to conserve our supply. In the event the supply of procedure/surgical masks prohibits this strategy, distribution of masks will be prioritized based on the highest risk clinical activities. Supply chain is working diligently to secure additional stocks of procedural masks.

Used procedural masks that are not visibly soiled, saturated, or torn will be collected as a potential safeguard for the future. Soiled, saturated, or torn masks should be disposed of as routine trash.

We are evaluating a plan to potentially reprocess procedural masks that will ensure safety, sanitation and sterilization. Reprocessed procedure/surgical masks will not be put into circulation until we have evaluated that plan. However, if it is needed, reprocessing will help ensure we maintain a healthy stock of PPE.

Rationale to Universal Mask Policy

Our knowledge regarding COVID-19 is rapidly expanding. This allows us the opportunity to update PPE policies to incorporate the best evidence about issues like mask and respirator reuse and viral transmission. Due to continually evolving evidence, we expect these policies will be further refined and revised

Given what we have learned about COVID-19, this universal mask approach will serve to:

1. Protect our patients and other staff members should the healthcare worker have pre-symptomatic or asymptomatic COVID-19 infection or develop symptoms at work (a mask achieves source control and decreases the risk of spreading infection)
2. Protect our healthcare workers should they come in close contact with an individual with either pre-symptomatic or mild COVID-19 infection or who has symptoms that have not yet been recognized

To be successful, this new approach will require support from all of us across the enterprise and require the following:

- Strict adherence to extended use/reuse of masks
- Meticulous adherence to hand hygiene
- Proper mask use and hygiene including wearing the mask as directed to cover the mouth and nose



- Strict avoidance of manipulation/touching the mask to reduce the risk of contamination and self-inoculation

Frequently Asked Questions

Why are we recommending a procedure/surgical mask and not an N95 respirator?

Similar to influenza and other respiratory viruses, COVID-19 appears to be transmitted primarily through large respiratory droplets. Procedure masks help to provide protection against respiratory droplet spread. In addition, although not thought to be a major route of transmission, there are some data to indicate COVID-19 viral shedding in the presymptomatic stage. Wearing procedure masks in a more generalized manner may help to prevent spread from persons with presymptomatic shedding or persons with very mild disease. Finally, wearing a procedure mask very effectively contains respiratory secretions and may prevent an infected provider from spreading the virus to patients or coworkers. In contrast, N95 respirators provide a higher level of filtration and are important in clinical situations where infectious droplets could become aerosolized. This primarily occurs in specific clinical situations such as when a patient is intubated or undergoes bronchoscopy. N95 respirators are difficult to wear for long periods of time and are impractical for generalized use. Also, the supply of N95 respirators is smaller and our supply would not support universal use. We must reserve N95 use for patients with known or suspected COVID-19 and high risk situations.

Does the universal mask policy apply to every member of the workforce working at Iverson?

The universal mask policy applies to employees working in areas where clinical care is provided.

Personnel working in nonclinical offices or in nonclinical settings where persons are reliably separated by more than 6 feet, should not wear masks in order to conserve stock for patient care. However, when walking through common clinical areas where care is delivered, the mask policy applies. Stop at an entry point prior to entering the clinical area to obtain a masks for use. Personnel that work in nonclinical buildings are excluded from this process. These employees should practice principles of social distancing, respiratory etiquette and frequent hand hygiene. If these workers visit areas where clinical care is provided, the mask policy applies as above. We would encourage you to avoid clinical locations unless necessary.

Should visitors be wearing face masks?

Visitors will be limited on campus except for certain circumstances. (See visitor policy for detail). Visitors will not be instructed to wear face masks. If a visitor develops symptoms while on the premises, that person should be provided a face mask and asked to leave.

Should all patients be wearing face masks?

No. Patients with symptoms concerning for COVID-19, or other respiratory illness, will be provided a face mask and isolated per our existing policies. Once roomed, it is recommended that symptomatic patients continue to wear their face mask to mitigate exposure risk. This is an evolving situation and will be reevaluated as needed.



In procedural areas, can a single procedural mask be worn continuously, including across different cases?

Yes, a single mask can be worn across different cases and between cares of different patients. Masks must be changed if they become wet or contaminated during a case. The routine use of face shields will decrease the likelihood of this occurring and is encouraged.

I work in a clinical setting. How can I eat when I am supposed to wear a procedural mask?

Eating is not permitted in clinical areas. If you are working in a clinical setting, follow the removal and reuse instructions as is outlined in the Extended Use and Limited Reuse of Disposable Facemasks, Respirators and Protective Eyewear document.

I work in a clinical setting. How can I drink when I am supposed to wear a procedural mask?

Drinking is permitted in designated locations in clinical areas. If you need to drink, ensure you are 6 feet away from others, perform hand hygiene, remove the mask, drink, and then replace your procedure/surgical mask. Please follow the guidelines on appropriate doffing found at the end of this document.

Are staff allowed to take off their masks to eat while on hospital or clinic premises?

Staff can take off their masks to eat and drink when they are on premises in a location where they can maintain a distance of 6 feet. It is preferable to minimize going outside to prevent the need to discard masks and to help the hospital preserve mask supplies. Please follow guidelines on appropriate doffing found at the end of this document.

If I need to leave the facility and come back later in my shift, what should I do?

Every effort should be made to preserve supplies of face masks. You may remove your mask and store it for short periods of time as noted at the end of this document and then reuse the mask.

Can I use my procedure/surgical mask between patients, including those with confirmed COVID-19, suspect COVID-19, other respiratory viruses or patients in whom none of these apply?

Yes. Your procedure/surgical mask should be used according to the Extended Use and Reuse guidelines, which ensures careful and deliberate handling of the mask to prevent both self-contamination and cross contamination. Under conditions of extended use or reuse, a face shield is preferentially worn over the procedure/surgical mask as the form of eye protection. However, direct care of patients with known or suspected COVID-19 requires use of N95 respirators or PAPRs.

Should employees be wearing the mask at home and should their families wear masks?

Employees should discard their masks when leaving the hospital. They should not wear them home. Social distancing and taking precautions like washing your hands, using hand sanitizer, and cleaning surfaces frequently should be appropriate for home.



Can staff gather in break rooms and other places to eat and relax, and if so should they leave their procedure/surgical masks on?

Staff should adhere to the same principles of social distancing when together in break rooms, conference rooms or other spaces. They should allow 6 feet distance from others and should take the appropriate precautions involving hand hygiene and not touching their faces. Masks can be taken off in such areas for eating and drinking. To limit the number of people in a break room, staff should considering staggering their break times.

Visual Guidance

(9 Figures, outlined below)

The following images are intended to provide clarification to avoid potential errors in the proper use and re-use of face masks.



Figure 1 – This image demonstrates approved wear of face mask. Facemask is shown secured over nose and mouth. This is correct.



Figure 2 – This image shows the correct way to store mask when not in use. Notice the exterior of the mask is facing DOWN. This is correct.





Figure 3 - This image shows the correct way to store a surgical mask when not in use. Notice the exterior of the mask is facing DOWN and ties are placed carefully away from the inside of the mask. This is correct.



Figure 4 – This image demonstrates inappropriate wear of the procedure mask. Procedure mask should not be pulled under mouth. This is not correct.





Figure 5 – This image demonstrates inappropriate wear of the procedure mask. Procedure mask should not be pulled under chin. This is not correct.



Figure 6 - This image demonstrates inappropriate use of procedure mask. Procedure mask should not be kept on the elbow when not in use. This is not correct.





Figure 7 - This image demonstrates inappropriate wear of the surgical mask. Surgical mask should not hang from lower ties. This is not correct.

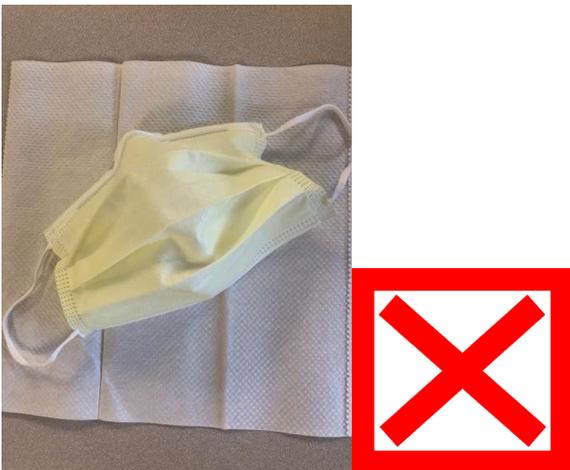


Figure 8 – This image demonstrates the wrong way to place mask when not in use. Notice the exterior of the mask if facing up. This is not correct.





Figure 9 – This image demonstrates the wrong way to store surgical mask when not in use. Notice the exterior of the mask is facing up and ties are touching the interior of the mask. This is not correct.

