

# Guidelines on Universal Masking

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## SITUATION

As COVID-19 transmission continues to increase across the United States, many facilities have initiated mitigation strategies outlined in the Centers for Disease Control and Prevention (CDC) document, *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*. Requiring healthcare workers to utilize a standard facemask throughout the facility is one of several mitigation strategies outlined and is dependent on personal protective equipment (PPE) supply.

With a strong focus on reuse and conservation, CSH feels that universal masking is a reasonable strategy, so long as mask supplies allow. Mask conservation and reprocessing are key to ensuring the sustainability of our supplies for the protection of our employees, physicians and patients in these extraordinary times.

## BACKGROUND

There are several conceived benefits in universal masking, those include:

- Decrease potential exposures from asymptomatic carriers of COVID-19
- Decrease exposure risk from patients that are identified later in admission due to atypical presentation
- Improve healthcare worker confidence and morale
- The most important measures to protect caregivers are strict adherence to hand hygiene, early identification of symptomatic patients, use of recommended PPE, keeping sick caregivers at home, and good environmental cleaning, especially shared workplaces

## ASSESSMENT

- Universal masking throughout the duration of a shift can provide broader protection for all caregivers and patients
- Universal masking will facilitate better alignment with caregiver feedback
- This can only remain in effect as long as PPE supplies keep pace with the change and if caregivers are careful to conserve masks per facility protocol. In the event the inventory of standard masks prohibits this strategy, distribution of masks will be prioritized based on the highest risk clinical activities
- The correct and consistent use of the mask (covering mouth/nose) is absolutely necessary
- Strict adherence to hand hygiene is essential before placement of a mask, after touching or adjusting a mask
- Universal masking is only a supplement to the core prevention strategies that must be reliably implemented
- Visitation must be limited to end of life care and laboring mothers in order to prevent asymptomatic transmission and conserve PPE

## RECOMMENDED PROTOCOL

### Extended Use

1. Initiate universal masking in a phased approach to properly assess inventory burn rate. Initially focus on health care workers that are present in patient care areas (e.g., EVS, RN, RT, physicians, transport, and radiology)
2. Establish a well-developed daily tracking system (usage rate of supplies plus new supplies on hand plus anticipated supplies) of PPE utilization on a daily basis in collaboration with supply chain
3. Provide a standard mask and educate health care workers on proper usage and discard criteria (outlined in #5 within the Re-use section)
4. Caregivers should wear their mask consistently and use proper technique to ensure mouth and nose remain covered
5. Caregivers should avoid unnecessary touching/adjusting their mask and perform hand hygiene whenever this occurs
6. Individuals not provided a mask may wear a cloth mask as established by facility protocol. Please refer to facility guidance

### Re-use

1. Careful re-use of masks is important
2. This includes when possible, the use of a full face-shield over a facemask or N95 when caring for COVID + or PUI so it is protected and does not need to be discarded
3. To doff facemask with intent to reuse
  - A. Perform hand hygiene
  - B. Remove mask
    - Remove procedure mask by holding the earloops. The front is contaminated, so remove slowly and carefully
    - Remove surgical 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
  - C. After removing facemask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated, the mask should be discarded
  - D. If the facemask is NOT visibly soiled, torn, or saturated, carefully store in a clean breathable bag or container
  - E. Perform hand hygiene

4. To re-don mask
  - A. Perform hand hygiene
  - B. Grasp mask
    - Pinch procedure mask at the earloops or
    - Grasp upper ties on surgical mask
  - C. Place over face
    - For procedure mask: Secure earloops behind the ears. Secure mask
    - For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head
  - D. Perform hand hygiene
5. Mask should be changed as indicated by the following:
  - A. Surgical mask:
    - Saturated, soiled, or damaged
    - Contaminated by use in direct contact with symptomatic patient
  - B. N95 respirator (only worn when performing an aerosolizing procedure, e.g. bronchoscopy):
    - Saturated, soiled, or damaged
    - Contaminated by use during direct care without careful reuse precautions (i.e. not covered by facemask or face shield while providing direct patient care)

## PROFESSIONAL SOCIETY POSITION STATEMENTS

Several professional societies have produced position statements regarding N95 usage in various settings. Utilization of N95 respirators must be utilized in accordance to CDC recommendations (e.g., aerosol generating procedures). If a division is considering adopting professional society recommendations, the following should be strongly considered:

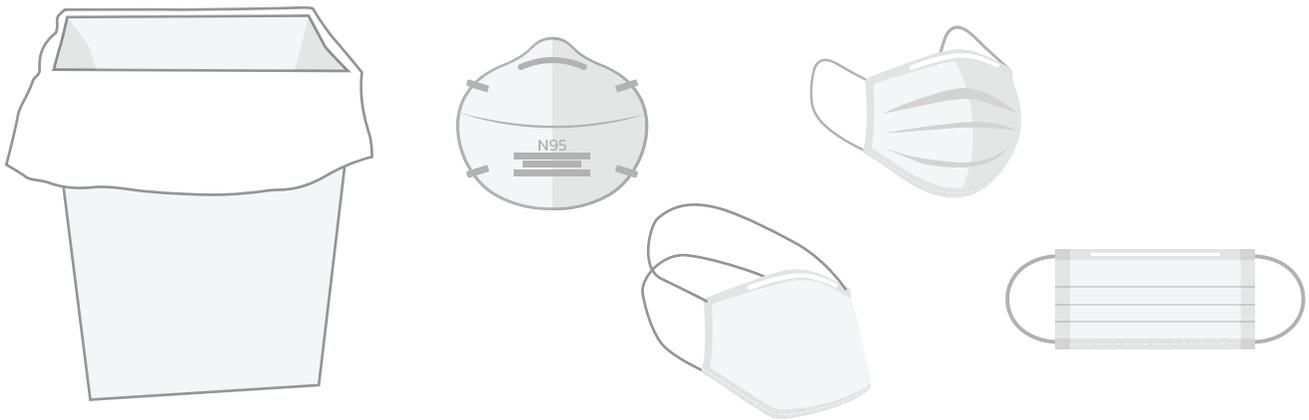
- Current inventory levels of N95 respirators and future projection of supplies
- Cited evidence that is referenced within the professional society position statement
- Inadvertently establishing two standards of care (e.g., ED donning N95s throughout the shift vs. inpatient units)
- Causing inconsistency and confusion among healthcare workers within the facility and among the division

## REPROCESSING

CSH has signed a contract with Medline to initiate reprocessing of certain PPE (e.g., standard masks, N95 respirators). Implementation will be in a phased approach and more communication will be sent that outlines the implementation strategy. In addition, CSH is exploring other vendors that claim to have achieved FDA approval in reprocessing N95 respirators using hydrogen peroxide and will be coordinating implementation protocols as soon as possible. Medline ReNewal has been validated by using Ethylene Oxide (EtO) cycle for tie masks, earloop masks, and N95 respirators (pending FDA approval) that have been used by a healthcare worker or visitor only.

Specific collection containers will be used where masks and respirators will be deposited.

- Items used on a patient are strictly prohibited from collection
- **ONLY** collect masks and N95s that have **no** visible soil or stains, and **no** damage such as holes, tears, or torn earloops



Masks with makeup or lipstick cannot be processed by Medline.

# UNIVERSAL MASKING ALGORITHM

**Don mask at start of shift ensuring mouth and nose remain covered. Don't remove or discard mask until it becomes soiled, saturated, or damaged OR contaminated by use in direct contact with symptomatic patient (without careful reuse precautions).**

Are you entering into the room of a COVID + or Person under Investigation (PUI)?

NO

Remain masked according to Universal Masking Guidelines.

YES

Are you entering into the room during an aerosolizing generating procedure (e.g., intubation, extubation, breathing treatment, CPAP/BiPAP)?

NO

Remain masked according to Universal Masking Guidelines. Don additional PPE, including gloves, gown, and eye protection according to facility protocol. Use Careful Reuse Procedures.

YES

Remove surgical mask and place in breathable paper bag or container. Don N95 or PAPR/CAPR during patient care. Don additional PPE, including gloves, gown, and eye protection according to policy. Use Careful Reuse Procedures.



### N95-Careful Reuse:

- Cover N95 with surgical mask if using goggles.
- OR
- Cover N95 with integrated mask and shield.
- OR
- Cover N95 with full length face shield.

Follow PPE removal steps to make sure not to contaminate N95 when removing either surgical mask, facemask, or face shield.

You may doff N95 and return to surgical mask (in paper bag), or choose to keep N95 on continuously if caring for multiple COVID or PUI patients in airborne/contact precautions.

\*Remember careful reuse precautions when caring for COVID + or PUI patients.



### PAPR/CAPR-Careful Reuse:

- Remove used white hood from the hose and clean hood using appropriate disinfectant wipe (cleaning inside then outside of hood).
- Discard gloves and wipes.
- Allow hood to dry.
- Perform hand hygiene.
- Store in clean location.
- Discard hood if visible damage/holes/tears or does not properly seal.

Re-don surgical mask from (paper bag) according to Universal Masking Guidelines until patient care for COVID + or PUI patients in Airborne/Contact Precautions is required.



### Goggles with mask OR integrated mask and shield:

Discard mask/integrated mask with face shield and don new regular mask after exiting the room.

Goggles may be cleaned inside/outside with approved disinfectant wipe.



### Face shield with mask:

If face shield extends below the chin level, leave mask on until it becomes soiled, saturated, or damaged. Discard when any of those occur or when going on break or leaving for the day.

Face shield may be cleaned inside/outside with approved cleaner/disinfectant wipe.