Guidance on Masking in Clinical Areas

Effective April 1, 2020, all employees working in inpatient units, ambulatory clinic spaces, and procedural areas will be allowed (but not required) to wear procedural/surgical or cloth face masks while in their respective clinical care settings. We recognize this is a departure from standard infection prevention guidance and is not an intervention currently recommended by the CDC, Tennessee Department of Health, or other health authorities; however, we find ourselves in extraordinary times and given current circumstances, we believe this guidance is allowable. This practice will be continually monitored and re-evaluated for extension with a tentative end date of May 1, 2020.

Rationale for Masking Guidance

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

1. Act as a barrier to prevent touching of one’s face in the event one’s hands have become contaminated
2. Protect our patients and other staff members should the healthcare worker have early COVID-19 infection or develop symptoms at work (a mask achieves source control and decreases the risk of spreading infection)

To be successful, this 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 (including before and after removing masks)**
- **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

As our current N95 respirator supply must be reserved for approved high-risk procedures, respirators should NOT be worn in general clinical areas or for non-approved indications.

Process to Obtain and Discard Procedure/Surgical and Cloth Masks to Preserve our Supply

Supply Chain will round and supply applicable units with the appropriate masks. Masks will be issued by the clinical manager of your clinical work area, for those individuals working in one of the clinical care settings outlined above. In order to conserve masks, these **should be used throughout the shift** (with the exceptions noted below) and **should be reused each day**. Surgical masks should be replaced once they become visibly soiled, damp or damaged. **Cloth masks should be laundered each night at home.** Stock will be securely stored in each clinical setting. Should you need a replacement mask, you must request one from supervisory personnel in your clinical area. All personnel should make every effort to help preserve the supply of PPE and reduce the need for replacement masks whenever possible. Masks should not be diverted to persons outside VUMC.
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Infection Prevention Guidance on Procedure/Surgical and Cloth Mask Use and Re-Use

To remove facemask with intent to reuse:
1. Perform hand hygiene
2. Remove mask
   - Ear-Loop Mask Style: Remove mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
   - Tie Back: Remove 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 in the provided brown paper bag (label with your name, and “front” and “back” on the two sides. Insert mask so that the front of the mask faces the side of the bag labelled “front.”
5. Perform hand hygiene.

To re-apply used mask:
1. Perform hand hygiene
2. Grasp mask
   - Pinch mask at the ear loops or grasp upper ties
3. Place over face
   - For ear-loop style mask: Secure ear loops behind the ears. Secure mask.
   - For tie back style mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Perform hand hygiene

A single mask can be worn between different patients with the exception of care of patient on Droplet or COVID-19 Precautions. For those cases, if you are wearing a surgical mask, you may wear the mask into the room as part of the recommended PPE. It should be doffed with the other PPE after the visit, and a new mask should be acquired. If you are wearing a cloth mask, it should be doffed and stored in a brown paper bag and a surgical mask obtained as part of the expected PPE for the patient visit. Remember, N-95 respirators remain required for patients on Airborne Precautions for infections such as TB.

Frequently Asked Questions

Why are we recommending a procedure/surgical or cloth 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 provide protection against respiratory droplet spread. 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.
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Also, the supply of N95 respirators is smaller and our supply would not support such use. **As our current N95 respirator supply must be reserved for approved high-risk procedures, N95 respirators should NOT be worn in general clinical areas or for non-approved indications.**

**Does this guidance apply to every member of the workforce working anywhere at VUMC?** No. This guidance applies to employees working in areas where clinical care is provided and is not mandatory. Personnel working in nonclinical areas, **should not wear surgical masks** in order to conserve stock for patient care, but could wear a fabric mask. Personnel who work in nonclinical buildings (e.g. research space in MCN) are excluded from this process. These employees should practice principles of social distancing, respiratory etiquette and frequent hand hygiene. If these individuals visit areas where clinical care is provided, they may wear a mask as instructed above.

**Should visitors be wearing face masks?** No. Visitors are limited on campus except for certain circumstances. 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 should 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.

**Can a single procedural mask be worn continuously, including across different cases?** Yes, a single mask can be worn between different patients with the exception of care of patient on Droplet or COVID-19 Precautions. For those cases, if you are wearing a surgical mask, you may wear the mask into the room as part of the recommended PPE. It should be doffed with the other PPE after the visit, and a new mask should be acquired. If you are wearing a cloth mask, it should be doffed and stored in a brown paper bag and a surgical mask obtained as part of the expected PPE.

**I work in a clinical setting. How can I eat/drink when I am supposed to wear a mask?** Masking is not mandatory. For those who choose to wear a mask, perform hand hygiene, remove the mask, eat or drink in an approved location, and then replace your procedure/surgical mask. Please follow the guidelines on appropriate doffing.

**Should I wear the mask at home, and should my family members wear masks?** You should store the mask in a secure location when leaving the hospital and not wear them home. Unless you have otherwise been specifically instructed, you or your family members should not wear masks at home. Social distancing and taking precautions like washing your hands, using hand sanitizer, and cleaning surfaces frequently should be appropriate for home.

**Can we gather in break rooms and other areas?** You should adhere to the same principles of social distancing when together in break rooms, conference rooms or other spaces. You should allow 6 feet distance from others and should take the appropriate precautions involving hand hygiene and not touching your faces. To limit the number of people in a break room, personnel should consider staggering their break times.