Required Masking of All VUMC Personnel
When in Clinical & Public Areas

Rationale for Universal 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 masking. Given what we have learned about COVID-19, universal masking will help prevent spread secondary to early or asymptomatic infection.

To be successful, this approach will require support from all of us across the enterprise and will require the following:
- Strict adherence to extended use/reuse of masks
- Meticulous adherence to hand hygiene (including before and after touching or 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

Where is Masking Required?
Masking is required in all clinical and public areas in VUH (including the Round Wing), MCICVH, VWCH, VBH, and all ambulatory clinical sites. This includes common public areas such as cafeteria/food courts, elevators, and waiting rooms. Patients should wear a mask in their rooms when others are present; they can remove the mask when they are alone in the room or asleep. Individual plans & clinical discretion will need to be made for patients that are not able to be compliant. The CDC recommends cloth face coverings not being placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Masking is not required in administrative or non-clinical areas (e.g. research labs, offices in 2525 and 3401 West End Ave., etc.), but may be worn, especially in instances when social distancing (>6 ft) is difficult to maintain. Clinical personnel who are unable to maintain social distancing in non-clinical areas are especially encouraged to wear a fabric mask in these settings.

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.

** While cloth masking is the preferred mask for most areas, you may be given a procedural mask to use if cloth mask supplies are not available.**
Required Masking of All VUMC Personnel
When in Clinical & Public Areas

Process to Obtain Masks
Supply Chain will provide clinical areas with the appropriate masks. Masks will be issued by the clinical manager. 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.

Mask Reuse
In order to conserve masks, procedure/surgical masks should be used throughout the shift 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 and replaced when damaged or torn.

Guidance on Procedure/Surgical and Cloth Mask Use and Reuse

To remove mask:

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 Mask Style: Remove mask by untying lower tie FIRST. Untie upper tie last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
   - Behind the Head Elastic Strap Style: Grasp both elastic straps at side of head. Pull mask away from face, then pull straps from back of head. The front is contaminated, so remove slowly and carefully. Ensure bands 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, procedure/surgical masks should be discarded. If torn or damaged, cloth masks should be discarded.
4. If the mask is to be reused, carefully store in a bag, labelled 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.

DO:
- Wear masks in all clinical and public areas
- Follow guidance on reuse, donning and doffing
- Conserve masks
- Wear and store masks correctly

DO NOT:
- Wear surgical masks unless caring for patients in Droplet Precautions or part of Standard Procedural PPE (e.g. for surgical procedures)
- Wear N95 respirators unless performing an approved high-risk procedure
- Wear or store masks incorrectly
Required Masking of All VUMC Personnel
When in Clinical & Public Areas

To re-apply a used mask (that has not been laundered):

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.
   - For full head elastic band style: Stretch elastic bands at side of mask, secure both elastic bands to back of head, then guide mask onto face.
4. Perform hand hygiene

A single mask can be worn between different patients with the exception of care of patients 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 prior to entering the room of a patient on Droplet or COVID-19 Precautions, it should be doffed and stored in a bag and a surgical mask worn 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 particles could become aerosolized. This primarily occurs in specific clinical situations such as when a patient is intubated or undergoes bronchoscopy. N95 respirators are also difficult to wear for long periods of time. As the 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? Yes, this guidance applies to everyone in the clinical and public areas noted above. Personnel who work in nonclinical buildings (e.g. research space in MCN) are only required to wear a fabric/cloth mask when in the clinical or public areas noted earlier. Everyone should continue to practice social distancing and frequent hand hygiene.

Should visitors be wearing masks? Yes, the masking program requires visitors to our facilities to wear a cloth/fabric mask. If a visitor develops symptoms while on the premises, that person should be provided a surgical mask and asked to leave.

Should all patients be wearing masks? Yes, the masking program will require all patients to wear a mask. Most patients (except for those with acute respiratory symptoms like cough) will wear a cloth/fabric mask. Patients with symptoms concerning for COVID-19 or other respiratory illness should be provided a surgical mask and isolated per our existing policies. Once roomed, symptomatic COVID-19 suspect or confirmed patients should continue to wear their surgical mask.

04/27/2020

Department of Infection Prevention – Resource
Required Masking of All VUMC Personnel
When in Clinical & Public Areas

How will patients/visitors get a cloth/fabric mask if they do not bring one from home? While we will actively request that our patients/visitors wear their cloth masks from home, we will have a limited supply of masks at the visitor screening stations.

How often should a hospital inpatient change their mask? They should continue to wear their mask until it becomes soiled, wet, or dirty.

How can I eat/drink when I am supposed to wear a mask? Perform hand hygiene, remove the mask, eat or drink in an approved location, and then replace your mask. Please follow the guidelines on appropriate doffing and maintain social distancing.

Should I wear the mask at home, and should my family members wear masks? Unless you have otherwise been specifically instructed, you or your family members do not need to wear masks at home. Taking precautions like washing your hands, using hand sanitizer, and cleaning surfaces frequently are appropriate for home. As per CDC guidance, you should wear a cloth/fabric mask when out in the community in instances where social distancing (>6ft) is difficult to maintain.

What happens if a patient or visitor refuses to wear a mask? It is important to remind them that universal masking has been put into place for their safety as well as the safety of the healthcare team and other patients and visitors. If they still refuse, then you should reiterate our current COVID-19 guidelines state that in order to enter and stay in the building one must wear a mask. If you need additional support, please reach out to your area supervisor, provider or the hospital Administrative Coordinator and if necessary, due to continued refusal, contact VUPD Communications at 615-322-2745.