

UW Medicine Required and Extended-Use Masking Policy Statement for Staff, Faculty and Patients

The safety of every UW Medicine patient, visitor, staff, trainee, and faculty member is our top priority. As the COVID-19 pandemic continues to evolve and new information becomes available, we have carefully considered the optimal strategies to ensure the safety of our patients and workforce, anticipating short and long-term needs. We have also heard your concerns and want our workforce to feel safe and confident as they continue to respond to this pandemic.

Definitions:

Procedure, surgical, or hospital mask: a mask that is supplied by UW Medicine for the purposes of patient care and meets standards per Infection Prevention & Control.

Cloth face cover: a self-made or purchased “mask” that has not been evaluated by Infection Prevention & Control or is made of cloth.

Personal mask: a mask purchased by an employee. This may be a clinical-level mask, but has not been reviewed by Infection Prevention & Control.

For this document, the term *procedure mask* will refer to masks supplied by UW Medicine and *face covers* and *personal mask* will refer to items brought in by the employee.

Moving from Optional to Required Masking:

On April 1, UW Medicine (all hospitals, campuses, clinics, offices and sites of practice) implemented an optional extended-use masking policy to respond to evidence of widespread transmission of COVID-19, mitigate the use of masks overall, deal with challenges with social distancing in healthcare units and address concerns from frontline staff who did not feel safe while not wearing a mask while at work.

Over the coming weeks and months we will continue to face ongoing and new challenges, including:

- A planned transition to less restrictive physical distancing measures in the community expected at the beginning of May
- An increase in outpatient visits, procedures and surgical volume
- An ongoing high inpatient COVID-19 census in both acute care and ICUs in UW hospitals campuses
- Continued outbreaks in local and regional skilled nursing facilities

- A high likelihood of COVID-19 resurgence and increased cases in UW Medicine facilities
- Although close contact with symptomatic individuals remains the primary mode of transmission, recent research supports a potential risk for pre-symptomatic transmission.

Given all of the above, additional interventions are needed to limit the unrecognized introduction of SARS-CoV-2 into healthcare settings, to protect healthcare workers who are likely to see more cases of COVID-19 in all clinical settings and to prevent transmission in the hospitals and clinics to co-workers and patients.

Effective Monday, April 27th:

- All UW Medicine staff and faculty who work in buildings with any clinical activity will receive a procedure mask that they must wear while on the premises and within 6 feet of another person.
- All UW Medicine staff and faculty who are working only in buildings with no clinical activity are expected to wear, at a minimum, a cloth face covering or a personal mask, as recommended by the CDC, while on premises and within 6 feet of another person. A procedure mask supplied by the hospital or clinic can substitute for a cloth face cover.
- All patients and visitors are strongly encouraged to wear their own cloth face cover or personal mask when they arrive at UW Medicine facilities. If they do not have either one of those, they will be provided a mask or face cover. The type of face cover or mask offered will depend on supplies at each site.
- All vendors must follow the same requirements as staff and faculty. Vendors are strongly encouraged to provide their own face covers or personal mask when working in buildings with no clinical activity.
- Staff and faculty can remove their masks or face cover when there is a low likelihood of another person being within 6 feet of them. For example, a mask can be removed for lunch or breaks, or while working at a desk, as long as at least 6 feet away from another person. Given the very high likelihood of coming within 6 feet of another person, it is expected that all staff and faculty will wear a mask or face cover in hallways, elevators and other common spaces.
- Some staff and faculty may not be able to wear a mask or face cover due to a medical or psychological condition. These exceptions will be accommodated per the usual process by working with the staff or faculty manager, supervisor or chief and the employee health team responsible for the employee's site of practice. Some employees who have used masks have noted challenges with communication. Staff and faculty will need to find ways to make communication work using alternative methods. This is especially true when working with patients who used visual cues

(e.g. lip reading) for communication.

This policy is contingent on our ability to maintain adequate personal protective equipment (PPE) supplies. Any decision to change this masking requirement based on supply will be made by the UW Medicine Emergency Operations Center Incident Command. Therefore, all staff are entrusted with thoughtful and judicious use of their masks.

The effectiveness of the required and extended use masking policy relies on proper mask donning, doffing and handling. Since rolling out optional extended mask use, the infection prevention and control teams have observed suboptimal mask use that puts the user, patients and co-workers at risk. Masking education will be enhanced and routinely observed on clinical units. Please remember that masking is only one of several components of the UW Medicine COVID-19 Infection Prevention and Control Bundle. It is critically important that any staff member with symptoms of acute respiratory infection (such as fever, new cough, new shortness of breath, sore throat, body aches, loss of sense of smell) is not allowed to work on the premises.

This policy will serve to:

- Protect patients and co-workers should a health care worker have very mild symptoms which may be hard to recognize, who may be in the pre-symptomatic phase of illness or who may develop symptoms while at work (transmission prevention)
- Provide additional protection to health care workers should they come in close contact with a patient who may be infected without symptoms or limited symptoms that have not yet been recognized as COVID-19 (acquisition prevention)

Requirements:

- Strict adherence to proper masks use
- Strict adherence to hand hygiene
- Proper mask use and hygiene – including:
 - Wearing the mask as directed to cover the mouth, nose, and chin, a
 - Avoid touching the mask and your face.
- Healthcare personnel who are already on site should secure a procedure mask and wear it continuously until they leave the hospital.
- Before putting on the mask, be sure to perform hand hygiene, and remember not to touch your face after putting the mask in place.
- The mask should cover your nose and mouth.
- Hand hygiene before and after removing the mask
- **Conservation of our personal protective equipment (PPE) supply is essential, so take and use only one mask per shift – unless the mask becomes visibly soiled or damaged.**

Frequently Asked Questions

Where can I get a procedure mask?

Depending on your site of work, masks may be supplied at your clinic or hospital entrance or may need to be brought with you to your site of practice if outside a UW Medicine clinic or hospital. More information will be available directly from your site.

When can I wear a cloth face cover or my own face mask?

UW Medicine strongly recommends that all staff and faculty wear a cloth face cover or self-purchased mask when outside of work and home. You can continue to wear this same face cover or mask if you work in a building with no clinical activity. If you have any questions about your specific area, please contact your supervisor, manager or chief. Remember to wash your personal cloth face covering often. If you go to or through a building with clinical activities, you will need to transition to a procedure mask.

What if I don't want to wear a mask?

This policy applies to all UW Medicine personnel. The requirement to wear a mask is part of infection prevention & control transmission-based precautions. This is similar to the requirement to use enteric precautions when working with patients with *C. difficile* infection and is not optional.

What should I do if I develop a skin or breathing reaction to the procedure mask?

Please remove your mask, inform your supervisor, manager or chief and contact the employee health team assigned to your work area. That team will investigate the potential reaction and, if appropriate, attempt to find an alternative mask made with different components.

How do I transition to and from wearing another form of respiratory protection like an N95 respirator and a surgical mask?

You should move to at least 6 feet away from another person, wash your hands and remove your surgical mask. If possible, store this mask in a breathable clean container like a brown paper bag and store in a safe space. Don the N95 per protocol and when finished, doff per protocol. After washing your hands again, replace with your surgical mask. If it was not possible to store your surgical mask, obtain a new one to wear.

Why are we requiring that staff wear a face mask and not an N-95 respirator?

COVID-19 is transmitted primarily through respiratory droplets. A face mask provides protection by containing these droplets if someone has the virus and by preventing exposure to the virus if someone has close contact with another person who is infected. N-95 respirators are used by healthcare personnel caring for patients in airborne/respirator precautions. As a reminder, eye protection (e.g. face shield) is required in addition to the mask when caring for a patient under investigation or a patient with known COVID19. Airborne/respirator/contact with eye protection precautions are required while a patient is

undergoing aerosol-generating procedures. An N-95 respirator is not required to prevent droplet transmission during routine care aside from performing one of the aerosol-generating procedures.

Does the UW Medicine Required and Extended Use Masking policy apply to every member of the workforce working anywhere at UW Medicine?

Yes, this policy applies to all staff and faculty in all locations.

- Workers in private individual offices or in nonclinical settings where individuals are reliably separated by more than 6 feet do not need to wear a mask in those settings. When walking through common areas in buildings where care is delivered, however, the mask policy applies.
- If you work at a desk or cubicle within 6 feet of another person, mask use is required.

Employees in buildings that do not provide clinical services:

- Use of cloth face coverings is strongly recommended in areas where it is not possible to maintain a 6-foot physical distance.
- Employees should practice principles of physical distancing, limiting number of people in break rooms and staggering break times, respiratory etiquette and frequent hand hygiene.
- If these workers visit buildings where clinical care is provided, the procedure mask policy applies as above.

I am involved with research at a satellite site (i.e., South Lake Union), does this policy apply to me?

It is strongly recommended that you wear a mask when within 6 feet of another person.

Should visitors be wearing face masks?

Yes. Visitors are strongly encouraged to wear face masks or face coverings that they bring with them. If a visitor arrives without a mask, they will be offered one to wear. The visitor restriction policy limits visitors within our facilities. 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 cloth face covers or face masks?

Yes. All patients entering UW Medicine facilities are encouraged to wear their own cloth face covering when entering the healthcare facility. If they do not have a face cover or mask, one will be provided for them.

Patients with symptoms consistent with COVID-19 will be provided a face mask and isolated per our existing policies. Once in a room, symptomatic patients no longer need to wear the face mask if their providers are wearing appropriate personal protective equipment.

In patient care or procedural areas, can a single procedure mask be worn continuously, including across different patient spaces?

Yes, a single mask can be worn across different cases. Masks must be changed:

- If the mask becomes wet or contaminated during care
- OR
- If used in droplet precautions without the use of a face shield that completely covers the face mask (e.g. goggles)

I work in a clinical setting, how can I eat when I am supposed to wear a procedure mask (surgical or procedural)?

Eating is not permitted in clinical areas. On your break in a non-clinical area, perform hand hygiene, remove the mask by grasping the loops behind your ears (avoid touching the front of the mask) and place it on a clean, dry paper towel or in a clean brown paper bag, and perform hand hygiene again before you eat. After completing your meal, perform hand hygiene again, retrieve your mask and carefully replace your mask assuring it covers your nose and mouth. Perform hand hygiene after replacing your mask. It is important to remember which side of your mask is clean and dirty during this process.

I work in a clinical setting. How can I drink when I am supposed to wear a procedure mask (surgical or procedural)?

Drinking is only permitted in designated 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 face mask. Always perform hand hygiene when replacing your mask. Do NOT move your face mask down to your chin/neck or remove one side to drink and then replace the mask, this can lead to self-contamination.

How do I handle the mask when I'm ready to eat/drink during a break?

In a nonclinical setting, where eating and drinking is not restricted, take the following steps to remove the mask:

1. Perform hand hygiene with soap and water or an alcohol-based hand rub
2. Prepare a clean surface (paper towel) or paper bag.
3. Remove the face mask by holding the strings or untying the ties and carefully removing mask from face.
4. Store mask carefully to avoid contamination to other surfaces and
5. Perform hand hygiene with soap and water or an alcohol-based hand rub

After you have finished eating or drinking, take the following steps to replace the mask:

1. Perform hand hygiene with soap and water or an alcohol-based hand rub
2. Remove mask carefully and don mask ensuring clean side is to your face, taking care to avoid touching face or eyes
3. Perform hand hygiene with soap and water or an alcohol-based hand rub

Are staff expected to go outside of the hospital premises to eat to take off their procedure masks, or are they allowed to take off their masks to eat while on hospital premises?

Staff can take off their masks to eat and drink when they are on premises in a location where they can maintain 6 feet from another person. It is preferable to minimize going outside to the extent possible to prevent the need to discard masks and to help the hospital preserve mask supplies.

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

Every effort should be made to limit exit and entry to the facility during your shift to preserve supplies of face masks. If you leave the facility, the face mask must be discarded and a new one obtained upon re-entry. You are strongly encouraged to use your own face mask when outside of the hospital and within 6 feet of another person. Staff must adhere to appropriate doffing technique when removing their mask and should also use hand hygiene after mask removal.

Can I use my procedure 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 face mask must be handled carefully to prevent both self-contamination and cross-contamination. Under conditions of extended use or reuse, **a face shield must be worn over the face mask when caring for patients in droplet/contact precautions as the form of eye protection and to reduce potential splatter to the mask.**

[FOLLOW ATTACHED JOB AID](#)

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

Employees should discard their masks when leaving the hospital. They should not wear them home. Healthcare workers can choose to wear a cloth face covering or a face mask that is purchased by the employee (see guidance below). Social distancing and taking precautions like washing your hands, using hand sanitizer, and cleaning surfaces frequently should be appropriate for home.

Can I wear my procedure mask out of the hospital and use it on the bus or if I am going to a place where there will be other people?

No. The mask needs to be discarded as you are leaving the hospital. It should not be worn on public transportation or in other places outside the hospital. The Washington State Department of Health and the Centers for Disease Control and Prevention recommend that people wear cloth face coverings when they are in public settings where they cannot maintain 6 feet of distance from others. This might include trips to the grocery store, pharmacy, hardware store, health clinic or similar places. This recommendation is not a substitute for existing guidance to maintain 6-feet of physical distance from non-household members and performing frequent hand hygiene with

soap and water or alcohol-based hand sanitizer. Wearing cloth face coverings will not prevent spread of COVID-19 without these other protective measures.

Can staff gather in break rooms and other places to eat and relax, and if so should they leave their 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. It is important to limit the number of people in a break room: managers should develop approaches to stagger staff break times and minimize the number of people in break rooms at any given time.

Are there any limits on what I can use for a cloth face mask?

Please use CDC guidance to assist with what can be used for a cloth face mask. Cloth face mask materials are to be consistent with UW Medicine dress and uniform guidelines and should not include potentially offensive language or images that could be considered offensive or threatening.

UW Medicine

**Goggle/Full Plastic Face-Shield Re-Use Checklist
(For All Patients, including COVID-19)**

- Rigid hard sided goggles and plastic full-face shields are reused via the checklist
- Obtain new goggles/plastic full-face shields in unit’s designated area

Discard/Do not use goggles if

- No longer fits well or are damaged or degraded



DOFFING Procedure

Steps	Action
Ad1	If wearing gown and gloves, doff per PPE checklist (Airborne versus Special Droplet/Contact)
2	Perform hand hygiene, don clean gloves
3	Removing Goggles or Plastic Full-Face Shield: <ul style="list-style-type: none"> ○ Obtain EPA approved wipe and set aside on clean surface ○ Goggles: Remove goggles by using both hands on either side of the face, pull them out and away from the body ○ Plastic Full-Face Shield: Remove face shield by grabbing strap and holding tension, pull straps up and over your head and lift away from face. ○ Use wipe to thoroughly clean all plastic surfaces of goggles or face shield (and the elastic and foam band on the face shield) sufficiently applying disinfectant to each surface to ensure appropriate contact time ○ Set disinfected PPE on clean surface and allow to dry
4	Perform hand hygiene and don clean gloves
5	Carefully remove all other PPE <i>per procedure on checklist</i> (i.e. Surgical mask and/or N95 respirator)
6	Remove gloves and perform hand hygiene
7	Store clean goggles or plastic full-face shield in a labeled paper bag to reuse again by same Healthcare Worker only
8	At end of shift: <ul style="list-style-type: none"> • Goggles: place in designated area to reuse on your next shift • Plastic Full-Face Shield: Dispose of at the end of your shift

