

Coronavirus



March 26, 2020 | Daily COVID-19 Update

New Guidelines on Staff Masking and Mask Re-use

Many workers have asked “*Why aren’t we masking our healthcare workers?*”

The safety of our staff is our top priority, which is exactly why we are so concerned about conserving the supply of masks that we have. Community spread has begun in Rhode Island, but we have many weeks, likely several months, ahead of us. The number of cases will increase, and although we don’t know for sure, we anticipate a very large surge in suspected and confirmed patients with COVID-19.

This is why we have been so careful and deliberate about choosing the optimal time to switch to widespread masking. The time is now, and we will begin widespread masking today. **Over the next 24 hours, all staff who have direct face-to-face contact with patients or clients will begin wearing masks.**

There are some important concepts to understand and guidelines to follow in order for this to be successful, and not drain the supply of masks on hand.

CONCEPTS:

- As healthcare workers, we have a risk of unprotected exposure and therefore are at risk of developing disease.
- If we developed illness, we can spread it very efficiently to many people, because we work together closely, and because we see many patients in a day.
- The greatest benefit to widespread masking of HCWs is to prevent spread of the virus by containing droplets of the wearer. In other words, masks protect us from each other, and help protect patients from those of us who may unknowingly be shedding virus.
- **Masking alone will not protect health care workers.** There are many other practices that are just as important and likely MORE important:
 - Good old-fashioned hand washing and using hand sanitizers. It WILL help prevent spread of the virus.
 - Keeping hands away from your eyes, nose, mouth (and your mask) unless your hands are cleaned first.
 - Initiating isolation precautions for patients suspected of COVID-19 infection.
 - Social distancing by 6 feet or more, *especially at work*, when possible.
 - Staying home when sick, so you don’t spread illness to others.

GUIDELINES:

These guidelines stress “extended wear” and “re-use” of masks worn for “source control”. **Source control means the mask is worn to contain droplets of the wearer.** Masks worn for source control will be procedure masks (not N95s).

Masks may be worn and re-worn until they become soiled with blood or body fluids or non-functional (elastic breaks or mask rips). Careful re-use will help ensure that we continue to have enough on hand to distribute to employees who need them in days to come.

Reusing a mask may seem unpleasant, but when handled and stored appropriately, it is safe. Remember, these masks are meant to contain YOUR secretions and are contaminated with YOUR secretions. Most importantly, it is better than running out of masks altogether.

- **All staff who have direct face-to-face contact with patients or clients will begin wearing masks over the next 24 hours (ear-loop procedure mask).**
- If you are required to wear a mask, your supervisor or manager will provide one for you.
- Masks may be used until they are soiled, torn or otherwise non-functional. This could be several days to several weeks.
- Procedure for wearing and storing your mask:
 - Clean hands.
 - Secure the mask on your face, touching only ear-loops.
 - Avoid touching the mask (or your eyes, nose, or mouth) while wearing the mask.
 - When ready to remove, clean your hands.
 - Grab ear-loops and remove mask, gently pulling ear-loops together to protect the inner side of the mask.
 - Place the mask gently in a paper bag with your name on it.
 - Repeat use as above for as long as possible, as long as the mask is not soiled with blood or body fluids, remains functional, and is stored properly. This could be several days or weeks.
 - Avoid make-up or stubble which may soil or abrade the mask.

Remember, masking is only one small part of a larger plan to reduce spread.

Staff working in NON-PATIENT CARE AREAS should not mask routinely, but should make every effort to space themselves by 6 feet, or relocate to an empty office area, or work with their manager to find a safe space to work.

Since not all staff members are required to mask, you may see staff in the halls who are not masked. If you are simply passing each other in the hallway, you likely don't need a mask.

N95 masks are NOT for general masking. They are reserved for use in isolation rooms. Staff required to use personal protective equipment such as N95 masks/face shields for patients on isolation should continue to use those items, following the same hand hygiene protocol before and after doffing and donning, and storing in a paper bag.

The decision to implement and place guidelines around masking is to protect limited resources and ensure the safety of our workers and patients today and in the months to come. **THIS GUIDANCE MAY CHANGE.** We are learning more about the virus and its spread every day.

Yours sincerely,

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