

## **Community phase – New Mask Guidelines for Non-COVID Patient Care**

As we enter the next phase of COVID-19, we must continue to focus on reducing potential exposures. More cases will occur in our community, and health care providers will be more likely to have interactions with COVID-19 positive patients.

As such, the new mask policy, effective as of 4/2/20, is as follows:

- Those providing direct patient care for more than 5 minutes and less than 6 feet should wear a droplet isolation mask.
  - In inpatient units: Masks can be obtained at nurses stations.
  - In outpatient units: Masks will be provided by supervisors.
- Keep your mask for the full day. Try not to touch your face or mask.
- If your mask becomes soiled, please notify your supervisor for a replacement mask.
- If you wear your mask during a COVID-19 PUI or COVID-19 positive patient encounter, it should be disposed of upon exit from the room per usual staffing procedures.

Please be mindful of mask usage. If we cannot match our demand to available supply we will not be able to sustain these New Mask Guidelines.

## **Mask Guidelines for Registration Staff**

Registration, based on its limited contact and brief encounters with patients, does not warrant mask use per CDC. There are multiple strategies that registration areas can employ to improve the peace of mind for front desk staff and to protect them through this challenging time.

- Place tape on the floor 6 feet from your front desk staff so providers and patients know the safest distance to prevent droplet spread.
- Limit the number of front desk staff required to be present.
- Utilize work from home for those who are able.
- Place staff behind Plexiglas partitions if possible. Plexiglas is a barrier of protection more effective than a mask.
- Adapt checkout to a phone call instead of an in person interaction.

## **Utilize Telehealth for Clinics**

In an effort to reduce risk to our patients and staff, the need to limit our clinical practices is necessary.

- All clinics should be actively working to convert patient visits to virtual or telehealth immediately.
- Virtual visits can determine which patients need to be evaluated in person. If an office visit is needed, the patient should be seen in consolidated clinics. This means that one provider sees all patients regardless of who conducted the virtual visit.
- This limits the number of staff in clinics. For safety and best use of resources, please move to one provider and one nurse in one clinic shift per day. We can no longer afford

to have three providers and three nurses in clinic each seeing limited numbers of patients.

I recognize that this is a significant and perhaps challenging deviation from all of our usual workflows, but this is necessary. If we can do this as a health care system, we conserve PPE and ensure supply of droplet masks for providers, nurses and others providing direct patient care. Currently CDC recommends this only for close contacts with persons under investigation at a distance of less than 6 feet for greater than a "few" minutes per CDC.

### **N95 Respirator and Mask Usage**

N95 respirators are reserved for aerosol generating procedures in COVID-19 rooms, airborne isolation patients such as TB, and for the COVID team provider and COVID floor nurses due to their level of exposure.

Our organization utilized over 65,000 masks from 3/1-3/23. In April 2019, we utilized just over 13,000 masks. Mask conservation was enacted to combat this excess and unnecessary usage and to preserve our PPE for the time of greatest need. If we can commit to optimizing our patient interactions then we may be able to match demand and supply and optimize our barrier protection. We will need to achieve and maintain the "sweet spot" of appropriate mask utilization in order safely navigate the marathon that is the COVID-19 pandemic.

These New Mask Guidelines will be ineffective without strict adherence to other PPE measures when indicated and frequent and proper hand hygiene.