Memorandum

TO: Lee Health Staff

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SUBJECT: Re: Masking Requirement Changes

As coronavirus spreads in our community, we anticipate shortages of protective gear. To optimize our supply, we are implementing the following changes to the use of face masks and N95 respirators in accordance with guidelines from the CDC. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html.

Limited re-use of face masks
Limited re-use of face mask is the practice of using the same mask for multiple encounters with different patients but removing it after each encounter.

- Care should be taken to ensure that the outer surfaces of the mask stays dry and clean during care, and that mask removal and replacement is done in a careful and deliberate manner; hand hygiene should be performed immediately before and immediately after touching the mask.
- The face mask should be removed and discarded if soiled, damaged or becomes hard to breathe through.
- Leave the patient room to remove the face mask
  - Wash hands prior to moving face mask
  - Place the mask in a clean sealable paper bag or breathable container
  - Wash hands again
- A new mask will be issued daily. A mask can be used multiple times if supplies are limited as long as it remains clean and dry. If supplies are severely limited, individual masks will be distributed at the beginning of the workday along with other PPE.

When to use or not use face masks:

- Face masks should not be worn in hospital hallways or when transporting patients (patients under investigation will be masked during transportation)
- Use a face mask when caring for a patient under investigation (PUI) if no aerosol generating procedure is required.
- Use an N95 respirator when performing an aerosol generating procedure (see below)
Limited re-use of N95 respirators

- Care should be taken to ensure that the outer surfaces of N95 mask stays dry and clean, and that mask removal and replacement be done in a careful and deliberate manner; hand hygiene should be performed immediately before and immediately after touching the mask.
- The N95 should be removed and discarded if soiled, damaged or becomes hard to breathe through.
- Leave the patient room to remove the N95 mask
  - Wash hands prior to removing N95 mask
  - Place the N95 mask in a clean sealable paper bag or breathable container
  - Wash hands again.
- A new N95 mask will be issued daily. A mask can be used multiple times if supplies are limited as long as it remains clean and dry. If supplies are severely limited, individual masks will be distributed at the beginning of the workday along with other PPE.

When to use an N95 mask:

- Wear an N95 respirator when performing an aerosol generating procedure (AGP) (e.g. N/G placement, suctioning, intubation, nebulizer, manual ventilation/bagging, high frequency oscillation, non-invasive ventilation including CPAP, BIPAP and high-flow, sputum induction, bronchoscopy, chest physiotherapy, tracheostomy, N/P swab etc.)
- If a patient requires AGP, they should be on airborne precautions for at least 70 minutes following the procedure and therefore, an N95 mask, gown, gloves, and eye protection should be used during this time.
- If the patient needs continuous AGP, then the patient should remain in airborne precaution until the requirement for AGP no longer exists.

Patient mask:

- Patients who are provided a mask at admission should be allowed to keep the same mask for future use.
- Please ensure that the mask is stored in a clean sealable paper bag or breathable container
- If a patient under investigation (PUI) requires transport, please place mask on patient’s face during transport.