

TO MASK OR NOT TO MASK

As more states introduce universal mask requirements, there are a lot of questions on the efficacy of masks and the inconvenience of masking. When the United States first identified the risk of pandemic last winter, national experts indicated that masks were not effective. Today, however, the experts support mask mandates as a means to control the spread of infection. The information is still new and is definitely confusing for everyone!

Bottom line, there is considerable evidence that universal masking mandates with cloth masks or face coverings can reduce the spread of COVID-19. Studies show that talking releases hundreds of droplets into the air and a mask creates a barrier to help prevent those droplets from infecting others. Also, we know that people can spread COVID19 before they have symptoms and in people who never have symptoms at all. These challenges make “source control” or reducing the spread of potentially infected persons even more important.

HealthCap supports all efforts in controlling the spread of COVID-19, comfortable or inconvenient, it doesn't matter. Lives matter and if mask wearing even prevents one case of spread it is well worth the effort. Stay well, stay safe and stay tuned!

<https://www.cdc.gov/media/releases/2020/p0714-americans-to-wear-masks.html>

MASK EXEMPTION – PROBABLY NOT!

Yes, we are all required to wear masks in most parts of the country if we are indoors or in crowded, outdoor locations. The CDC recommendations state “cloth face coverings should not be 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”. If you are reading this and understand the content, you are probably able to wear a mask. Dr. Albert Rizzo, chief medical officer of the American Lung Association states “the best way to avoid getting COVID-19 is to stay home and stay away from sick people, especially if you feel that you are not going to be able to wear a mask or facial covering of some sort”.

Dr. Rizzo went on to say that the reason many people have trouble with a mask is that they haven’t tried the right style of mask, how tight it fits, the material it is made of, etc. Sometimes it really is just that people with lung disease don’t like to have anything covering their faces. His recommendation is to wear a loose-fitting mask that covers the nose and mouth and isn’t going to fall off but isn’t so tight around the ears and neck to make it uncomfortable.

Bottom line, masks are here to stay, there is no crystal ball however the experts are saying to treat mask wearing as a way of life. If you put on your shoes when you leave the house, put on your mask as well. Someday there may be a vaccine that will assist in controlling the spread of the COVID-19 virus but until then it is up to you, me and the world to do everything within our power to prevent the spread of infection. Please wear your mask, stay well, stay safe and stay tuned.

https://www.medscape.com/viewarticle/933540?nlid=136389_785&src=WNL_mdplsfeat_200714_mscpedit_nurs&uac=371866BX&spon=24&impID=2460461&faf=1#vp_3

Five Mistakes You May Be Making When Wearing Face Masks

1. **Your mask only covers your mouth**

If your mask only covers your mouth, you're wearing it wrong. We breathe partially or completely through our nose and you can become infected by breathing in viral particles through your nostrils. A mask worn only over the mouth won't contain droplets if you sneeze. If your nose is not covered by a mask, you also risk contamination from the mask itself which collects germs on its exterior. Your mask should cover more than just the tip of your nose, please it on the bridge of your nose to create the best seal possible.

2. **Your mask is too loose** – If you're wearing a surgical mask or cloth mask, make sure it fits snugly against the sides of your face. It needs to be comfortable and allow for breathing without restriction, but it shouldn't billow out on the sides. The goal is to create a barrier that blocks as much air as possible. Keep in mind, facial hair can prevent a mask from fitting you properly, so you may want to trim your facial hair down before you put on your mask.

3. **You keep touching your mask** – If your mask touches another part of your body that is potentially contaminated with the virus, hair, forehead, hands, and the mask is put over your mouth and nose, you are at risk for infection. Always be sure to wash your hands before putting your mask on and once it is in place and you are out in public, don't keep touching or adjusting it. When you're not wearing it, don't leave it around your neck in case there was any type of contamination.

4. **You're taking your mask off wrong** – when putting your mask on and taking your mask off, be careful not to touch the front of the mask. Instead of touching the mask itself, the CDC recommends grasping the mask by the ear loops or ties. Always handle your mask with clean hands and make sure you are not touching your eyes, nose or mouth when removing the mask. Immediately wash your hands after handling your mask and store it in a separate containment area like a paper bag.

5. **You aren't properly cleaning your mask** – if you are planning on reusing your mask, you need to make sure it is not contaminated. The CDC says you can wash homemade cloth masks in the washing machine. Depending on frequency of use, you should routinely wash your cloth masks. You should also thoroughly dry the masks before wearing again. Once a mask is visibly soiled or becomes damaged, you should safely dispose of it in closed trash bin and wash your hands.

<https://moffitt.org/endeavor/archive/5-mistakes-you-may-be-making-when-wearing-face-masks/>

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SO MANY CHOICES – WHICH IS BEST?

In a study published in the Journal of the Acoustical Society of America (JASA) on June 30, 2020, they discussed different types of masks and their effectiveness at preventing droplet spread. It was noted that although masks may help mitigate the risk of spreading infection via respiratory droplets, there are no specific guidelines on mask materials and designs. The study found that loosely folded face masks and bandana-style coverings provide minimal stopping-capability for the smallest aerosolized respiratory droplets.

Homemade, well-fitted masks with multiple layers of quilting fabric and off-the-shelf cone style masks proved to be the most effective in reducing droplet dispersal. The study involved testing several different types of masks and findings include:

Mask Type	Material	Threads/inch	Average jet distance
Uncovered	None	None	Approximately 8 feet
Bandana	Elastic t-shirt material	85	Approximately 3 feet 7 inches
Folded handkerchief	Cotton	55	One foot 3 inches
Stitched mask	Quilting cotton	70	2.5 inches
Commercial mask	Unknown	Randomly assorted	8 inches

So, as you determine which mask is best for you, consider these statistics and make the right choice. At the end of the day, masks are required so choose wisely! Stay well, stay safe and stay tuned!

<https://aip.scitation.org/doi/10.1063/5.0016018>

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Facemask/Source Control Policy and Procedure

Policy:

It is the policy of this center to adhere to current CDC guidance regarding the use of facemasks to prevent the spread of infection.

General Considerations:

- Source control refers to the use of cloth face coverings or facemasks that cover the mouth and nose for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.
 - *As of July 9, 2020, the CDC recommends that staff in areas with moderate to substantial community transmission wear eye protection in addition to the facemask to ensure the eyes, nose and mouth are protected during resident care encounters*
- Residents can remove their cloth face covering when in their rooms but should put it back on when around others or leaving their room.
- Residents, staff, and visitors should be educated on the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.
- Staff who enter the room of a resident with suspected or confirmed COVID-19 should adhere to standard precautions and use a NIOSH-approved N95 or equivalent respirator (or facemask if respirator not available), gown, gloves, and eye protection. (See infographic below.)

Procedure:

1. Staff, other healthcare providers and visitors may wear a cloth style mask when entering the facility.
2. Staff who will be within direct contact of residents will be provided with a procedural/surgical facemask and eye protection at the start of their shift.
 - a. If surgical masks are not available, a cloth mask may used
 - b. A cloth face covering should NOT be used in place of a respirator or facemask if more than basic source control is needed.
3. Staff will wear a facemask at all times in the facility, ***including in breakrooms or other spaces where they may encounter co-workers.***
4. In the event the mask becomes visibly soiled, saturated, or damaged, a new mask must be obtained.
5. To reduce the number of times touching the face, staff should wear the same facemask throughout their shift.
6. Staff should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
7. Receptacles are located at each exit so that masks may be collected for appropriate disposal.

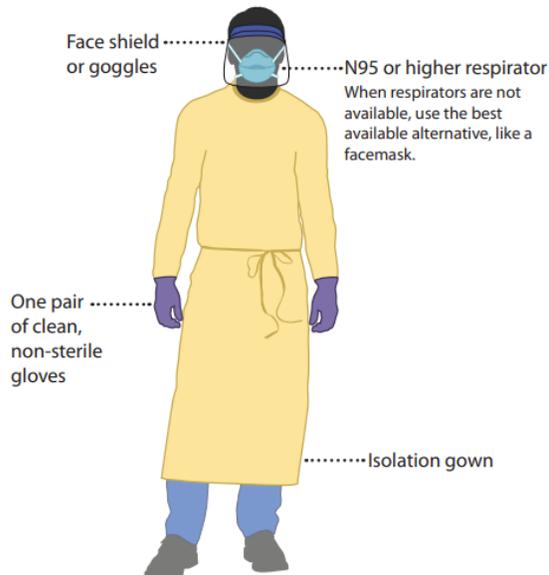
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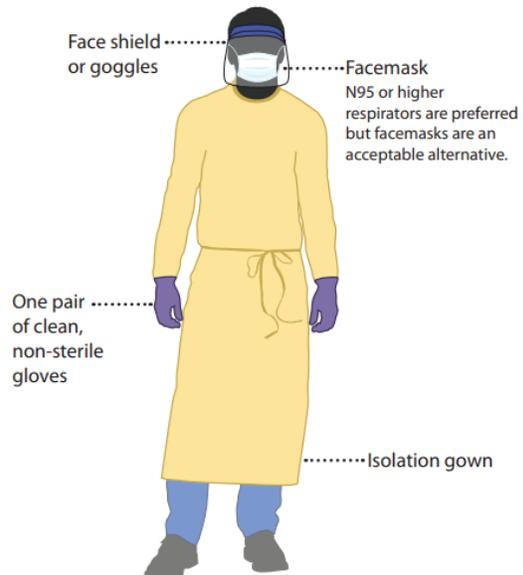
8. Individuals working in non-clinical areas of the center where social distancing measures are difficult to maintain will wear a procedural facemask or cloth facemask while in the center.
9. Homemade/cloth facemasks should be washed daily after use and be completely dry before reuse.
10. All essential visitors are required to wear a facemask while in the center. The mask may be brought from outside of the center.
11. Residents are requested to don a mask (if tolerated) upon arrival/admission to the center and/or during transport and will be provided with one at the entrance.

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



CS 315808 © 03/23/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

Universal PPE Policy and FAQs; 6/25/2020; <https://www.nebraskamed.com/sites/default/files/documents/covid-19/universal-ppe-policy-and-faq.pdf>

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic; July 15, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

SAMPLE

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REFUSING TO WEAR MASKS

What can you do? The rules on mask wearing and “source control”, have now come to a rough consensus. Masks are now mandatory in most states and service can be denied to anyone entering a facility without a mask. There are currently no cases or court decisions on whether it is negligence to allow an unmasked person to remain in the center however there are basic legal principles and cases from other situations to tell us what constitutes negligence.

Negligence:

- Duty: Obligation of one person to another
- Breach: improper act or omission, in the context of proper behavior to avoid imposing undue risks of harm to other persons and their property
- Damage
- Causation: That the act or omission caused the harm

As providers, we have a duty to provide reasonably safe public spaces. Unmasked individuals are a risk to others, so the “breach” element is satisfied if we fail to impose mandatory safety measures. Causation could be proven or at least inferred, if contact tracing of an individual with COVID showed that the only contact likely to have exposed the individual to the virus was an unmasked individual in a facility, especially if the unmasked individual was COVID-positive before, during or shortly after the exposure.

So, what if you have a resident who refuses to wear a mask and says it is for medical reasons? First, I would contact their primary care physician to discuss the risks as there are exceptions for some medical conditions. If the physician agrees, consider asking the resident to “put the mask on and see how you do”, monitor the resident visually and apply a pulse oximeter with the mask off and the mask on. It is also recommended that you try different types of masks as there may be one that is tolerated better than another (usually loose fitting, cloth masks are more comfortable).

Providers are under a lot of pressure to meet CDC, CMS and OSHA requirements that tend to change frequently. Don’t leave yourself open for legal scrutiny as well, do the right thing for the right reasons to assist in preventing the spread of infection. It isn’t going to be easy but if it were, everyone would be in our business! As always, stay well, stay safe, and stay tuned! Oh and wear a mask!

https://www.medscape.com/viewarticle/933606?nlid=136389_785&src=WNL_mdplsfeat_200714_mscpedit_nurs&uac=371866BX&spon=24&impID=2460461&faf=1#vp_2

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Facemasks FAQ

1. Why are procedure/surgical masks recommended for clinical staff and not N95 respirators?

Similar to influenza and other respiratory viruses, COVID-19 appears to be transmitted primarily through large respiratory droplets. Procedure masks help to provide protection against respiratory droplet spread. Although not thought to be the major route of transmission, there are some data to indicate COVID-19 viral shedding in the pre-symptomatic stage. Wearing procedure masks in a more generalized manner may help to prevent spread from persons with pre-symptomatic shedding or persons with very mild disease.

Wearing a procedure mask at least partially contains respiratory secretions and may prevent an infected provider from spreading the virus to residents or coworkers. N95 respirators provide a higher level of filtration and are important in clinical situations where infectious droplets could become aerosolized. This primarily occurs in specific clinical situations such as when a resident is being provided with nebulizer treatments or during CPAP/BIPAP use.

2. When is it appropriate to wear a cloth style mask versus a procedural or surgical mask?

Procedural and surgical masks should be worn by all clinical staff, those serving food and any resident presenting with symptoms consistent with COVID-19. Staff requiring a hospital grade mask may wear a cloth style mask upon entering the center and picking up a procedural mask. Alternative cloth masks are acceptable for staff working in office spaces and residents/visitors who do not have respiratory symptoms. Residents with symptoms will be provided a procedural/surgical mask and will not be permitted to wear a cloth mask.

3. What type of mask can someone wear?

Cloth masks are appropriate for employees who are working in non-clinical settings and office areas. The CDC has issued guidelines for sewing a mask that individuals can wear as a face covering. Cloth masks should:

- Fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops
- Include 2 or more layers of fabric
- Allow for breathing without restriction
- Be made of a fabric or material that can be laundered and machine dried without damage or change to shape.

4. How does someone safely clean a cloth mask?

A cloth mask can be washed in a washing machine with any detergent. After placing the mask in the washing machine, hands should be washed. Dry masks on high heat.

5. Does the universal mask policy apply to every member of the workforce?

The universal mask policy applies to ALL employees although specific mask types may vary by site of work. All personnel should wear a facemask when walking through common areas such as hallways, cafeterias, etc. as well as in clinical areas where care is being provided. Employees

should also practice principles of social distancing, respiratory etiquette and frequent hand hygiene in addition to wearing a facemask.

6. Should visitors be wearing facemasks?

Visitors will be limited in the center except for essential workers. Visitors who do not have their own mask will be provided with a procedural/surgical facemask upon entry. If a visitor develops symptoms while on the premises they will be asked to leave.

7. Should all residents wear facemasks?

Yes. Residents with symptoms concerning for COVID-19 or other respiratory illness, will be provided a surgical/procedural facemask and isolated per facility policy. Residents without symptoms concerning for COVID-19 and who do not have their own cloth mask may be provided an alternative mask or procedure mask. Once in their room, it is recommended that all residents continue to wear the facemask to mitigate exposure risk.

8. Am I able to eat when I am supposed to wear a procedural/surgical mask?

Eating is not permitted in care areas of the center however you are able to consume food and beverages in designated, socially distanced, controlled environments designated within the center.

9. How can I drink when I am supposed to wear a procedural mask?

Consuming fluids is permitted in designated locations on the clinical unit. Ensure you are 6 feet away from others, perform hand hygiene, remove the mask, drink, replace the mask, perform hand hygiene.

10. If I need to leave the center and come back later in my shift what should I do?

Every effort should be made to preserve supplies of facemasks. You may remove your mask and store it for short periods of time as noted in the facility policy on re-use of masks.

11. Can I use my procedure/surgical mask between residents, including those with confirmed COVID-19, suspected COVID-19, other respiratory viruses or residents in whom none of these apply?

Yes. Your procedure/surgical mask should be used according to the re-use/extended use policy which ensures careful and deliberate handling of the mask to prevent both self-contamination and cross contamination. Under conditions of extended use or re-use, a face shield is preferentially worn over the procedure/surgical mask as the form of eye protection. However, direct care of residents with known or suspected COVID-19 requires the use of N95 respirators or PAPRs.

12. Should employees wear the mask at home, and should their families wear masks?

Employees should discard all surgical and procedural masks when leaving the center. They should not wear them home. There is generally no reason for employees and their families to wear masks while at home. Social distancing and taking precautions like washing your hands, using hand sanitizer, and cleaning high touch surfaces frequently should be appropriate for home.

13. Can staff gather in break rooms and other places to eat and relax and if so, should they leave their procedure/surgical 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. To limit the number of people in a break room, staff should consider staggering break times.

<https://www.fda.gov/media/136449/download>