



EMERGENCY MANAGEMENT OPERATING PROCEDURE – INFECTION CONTROL

ALL AFFILIATES OF METHODIST HEALTH SYSTEM

TITLE: MHS Mask Usage
ORIGINATION DATE: 04/20/2020
REVIEWED DATE: 08/14/2020, 05/21/2021, 07/12/2021, 7/16/2021, 7/29/2021, 8/5/2021, 3/23/2022
REVISED DATE: 3/23/2022
PURPOSE: To define the appropriate use of masks while patients, employees, volunteers, vendors or visitors are in MHS facilities

DEFINITIONS:

Up-to-date vaccinated: Completion of primary COVID-19 vaccination series, plus a booster.

Mask or facemask: means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy.

Facemasks may also be referred to as “medical procedure masks.”

Direct patient care: means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Surgical mask: means a mask that covers the user’s nose and mouth and provides a physical barrier to fluids and particulate materials. The mask meets certain fluid barrier protection standards and Class I or Class II flammability tests. Surgical masks are generally regulated by FDA as Class II devices under 21 CFR 878.4040 – Surgical apparel.

Source control: means use of respirators or well-fitting facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

POLICY:

The Centers for Disease Control and Prevention (CDC) has recommended that everyone in healthcare settings continue to wear face coverings (universal masking). This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who:

- Are not up to date with all recommended COVID-19 vaccine doses; or
- Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection; or
- Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
- Are moderate to severely immunocompromised; or
- Have otherwise had source control and physical distancing recommended by public health authorities

In response, Methodist Health System (MHS) requires masks to be worn by employees, vendors, volunteers, patients, and visitors at hospitals and other facilities that provide direct patient care, while in patient care areas and/or areas accessible to the public.

Masking is required at all MHS facilities for individuals who are unvaccinated and/or are not up to date with vaccinations.

Individuals who are at a higher risk of severe disease, immunocompromised or who are more comfortable masking can continue to wear a facemask.

PROCEDURE:

General guidelines for hospitals and other facilities that provide direct patient care:

1. A facemask will be worn by the individual over the nose and mouth while in patient care areas and/or areas accessible to the public. Public areas may include but is not limited to occupying a vehicle with patients/visitors for work purposes, while entering or exiting the facility and in lobbies, hallways, cafeterias, and elevators.
2. The employer must provide a sufficient number of facemasks to each employee and must ensure that each employee changes them at least once per day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons).
3. MHS will provide masks that are FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy are required in any area where direct patient care is given; where patients and visitors may be present or expected; or where supportive actions are performed (examples include: Acute Care hospitals – including any department that is located within the building, Ambulatory clinic locations (MPC), and Hospital based clinic locations (HBC)).
4. Clinical staff should follow MHS policy for additional personal protective equipment (PPE) when providing care to patients requiring isolation precautions.

Exceptions:

1. Masking is not required in nonclinical, nonpublic areas, including office spaces, break rooms, cubicles and conference rooms.
2. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). In such situations, the employee may wear an alternative to protect the employee, such as a face shield, if the conditions permit it.
3. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to a religious belief. Exceptions must be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disabilities Act and other applicable laws. In all such situations, the employer must ensure that any such employee wears a face shield for the protection of the employee, if their condition or disability permits it. Accommodations may also need to be made for religious beliefs consistent with Title VII of the Civil Rights Act.
4. When the employer can demonstrate that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.
5. Exceptions for patients/visitors will be approved by
 - a. Outpatient – Medical Provider or Clinic Manager
 - b. Inpatient – Hospital House Supervisor or Member of Administration

General guidelines for non-patient care facilities:

1. Masking is not required for employees who are up to date with all COVID-19 vaccine doses when in the following facilities:
 - a. 825 Building
 - b. Shared Services
 - c. Nebraska Methodist College
 - d. Departments or other affiliates not located in a hospital or clinic setting [e.g. Methodist Hospital (MH) Foundation or the Pathology building on the MH campus]

REFERENCES:

Methodist Health System Operational Readiness: Resuming Visitor Access.
CDC website: When You've Been Fully Vaccinated (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>) Retrieved 7/12/2021
OSHA – COVID-19 Emergency Temporary Standard; Subpart U (§ 1910.502-1910.509)

DISCLAIMER:

This policy provides guidance and information for the healthcare professional, but cannot cover all circumstances that might occur during a patient's care and treatment. This policy is intended to serve as guidance and, since it may not be universally applied to all patients in all situations, healthcare professionals should use the content along with independent judgment and on a case by case basis. Nothing contained herein establishes or shall be used to establish the legal definition of the standard of care.