Enhanced Masking – Frequently Asked Questions

1. Why are we wearing masks again?
   • During the COVID-19 pandemic, we noticed a significant drop in cases of all healthcare-related respiratory virus infections, including influenza, when universal masking was in place. Persons with influenza and COVID-19 can be contagious and transmit disease to others for up to two days before symptoms appear. Based on this experience, we are adopting enhanced mask use to protect our patients and staff during the respiratory virus season.

2. Where do I need to wear a mask?
   • You are required to wear a mask in all clinical areas where patients receive medical treatment. Examples include, but are not limited to, patient rooms, procedure rooms, imaging and therapy departments, etc.
   • You are required to wear a mask outside an area where patients receive medical treatment during intentional interactions with patients. Examples include conversations with a patient during registration or front-desk check-in.
   • Masks may be removed in non-clinical areas when patient encounters are not occurring.
   • Staff who have been instructed by Occupational Health to wear an isolation mask should continue to do so per their guidance.

3. What kind of mask should I wear?
   • You should wear a well-fitting, medical grade surgical or isolation mask. N-95 respirators are also acceptable.
   • If patients are on infection prevention precautions, you should use the appropriate PPE for that precaution (e.g., N-95 respirator for airborne precautions).
   • Cloth masks or masks with exhalation valves should not be worn during patient care encounters.

4. Do I need to wear a new mask with each patient encounter?
   • The same mask can be used in between patient encounters, but should be discarded once removed, or if the mask becomes soiled or damaged. If patients are on droplet precautions, the mask should be discarded after the patient encounter.

5. Where am I NOT required to wear a mask?
   • When you are in a public area outside a medical care unit, such as a central hallway, lobby or the cafeteria. Employees may also choose to mask in these public areas, if they desire.
   • When you are in administrative offices or meeting spaces located within clinical areas when the door is closed.
   • When you are working in a non-clinical area with no patient contact.

6. Will patients and visitors be required to wear a mask?
   • Masks will be made available to patients and visitors, and they will be encouraged to protect themselves and others from circulating respiratory viruses. However, masking will only be required for health care personnel.
   • Patients and visitors with respiratory symptoms should be offered and instructed to wear an isolation mask.

7. How long do we need to wear masks?
   • The duration of respiratory virus season varies each year. Enhanced masking will likely be needed for at least several weeks, depending on respiratory illness trends in the community. We will communicate a return to situational masking when respiratory illness rates subside.