

## EMPLOYEE, PATIENT, AND VISITOR MASKING – INFECTION PREVENTION

### POLICY STATEMENT

1. The purpose of this policy is to govern masking requirements for health care personnel, patients and visitors when enhanced masking or situational masking requirements are in effect. This policy also provides guidance for exposure management of employees and patients.
2. During surges of respiratory viruses that yield changes to masking requirements, masking updates will be implemented and communicated from the system-level for Washington University School of Medicine and BJC HealthCare facilities.
3. To guide these decisions, infection prevention, occupational health, and infectious disease specialists will continue to track respiratory virus rates in the community and among staff, along with hospitalization rates to inform when masking requirements will change.

### PROCEDURE

#### I. Situational Masking

Situational masking requirements shall be the baseline masking strategy for Washington University and BJC HealthCare clinical spaces. After ending a temporary period of enhanced masking requirements, situational masking requirement will immediately resume. Situational masking will be strongly encouraged for patients and visitors/families who show signs or symptoms of respiratory illness and/or those with a known exposure to someone with a respiratory illness.

##### A. Health care personnel

1. Health care personnel will continue to wear medical grade face masks as a safety precaution in specific situations, per standard hospital operations.
  - a. See Appendix A for inpatient unit example
  - b. See Appendix B for Emergency Department example
  - c. See Appendix C for Outpatient Clinic example
2. Health care personnel shall wear medical grade isolation masks if permitted to work with signs or symptoms of respiratory illness
3. In addition to guidance provided, health care personnel may choose to wear medical grade isolation masks (including N-95 Respirator) any time where employees, patients, or visitors are encountered (i.e., public areas including lobbies, cafeterias, elevators, meeting spaces, etc).
4. Masks will still be required due to:
  - a. Transmission-based isolation precautions as per policy
  - b. Occupational Health (OH) requirements (e.g., cleared to work but still symptomatic, on return to work with respiratory infection)
  - c. Patient's request of clinician/employee providing care

##### B. Patients

1. Masking is optional for patients.
  - a. For inpatients that require transmission-based precautions, refer to the [Isolation Policy](#) for masking guidance during patient transport (i.e., transport to radiology, ambulating in hallway with physical therapy, etc).

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2. Patients may request an employee to wear a medical grade face mask when providing care.
3. Patients are expected to be screened for symptoms, recent exposures, and/or recent positive respiratory virus test results at the time of their health care encounter.
4. Patients with respiratory symptoms and/or symptoms of a respiratory illness should be instructed to wear a medical grade face mask within the facility.
  - a. Face Masks should not be worn by young children under age 2, anyone who has trouble breathing, is at risk of self-harm, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

### **C. Visitors**

1. Masking is optional for visitors unless required for patient transmission-based isolation precautions.
  - a. If isolation precautions are required, medical grade personal protective equipment (PPE) will be offered by the care team to visitors prior to entering the patient room. On exiting the room, visitors should be directed to doff PPE and perform hand hygiene.
2. Visitors should be strongly encouraged and recommended to wear a medical grade face mask if they are showing signs or symptoms of respiratory illness or have recent known exposure to someone with a respiratory infection.

## **II. Enhanced Masking**

During times when Enhanced Masking is implemented, health care personnel will be required to wear a medical grade face mask during patient encounters and within clinical areas to provide source control and to protect others from transmission of respiratory viruses. The Medical Director for Infection Prevention and the Medical Director for Occupational Health shall determine the periods when enhanced masking is required based upon epidemiological trends. In addition, Infection Prevention and Occupational Health may recommend temporary enhanced masking within specific units, departments, or areas to control disease clusters or significant instances of disease transmission.

### **A. Health care personnel**

1. All health care personnel must wear a medical grade face mask during patient encounters and within clinical areas at all Washington University and BJC HealthCare clinical areas (if already wearing an N95 Respirator as appropriate PPE for patient interactions, the same N95 Respirator may be worn as source control in public areas).
  - a. Clinical areas are defined as areas where patient care is provided (i.e. patient rooms and hallways within a patient care unit, etc. but excluding lobbies, cafeterias, elevators, and restrooms)
    1. See Appendix D for inpatient unit example
    2. See Appendix E for Emergency Department and Outpatient Clinic example
  - b. Masks shall be worn in non-clinical areas at the time of patient encounters for medical purposes (i.e., registration desks, triage, patient transport, etc.)
    1. Masks may be removed in non-clinical areas when patient encounters are not occurring.

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- c. Health care personnel are not required to wear a medical grade face mask while working in administrative offices or meeting spaces located within clinical areas when the door to the office or space is shut.
- d. Health care personnel are not required to wear a medical grade face mask while working in non-clinical, non-public areas.
- e. Masks may be removed when eating in designated dining spaces or break rooms within clinical areas.

### **B. Patients**

- 1. Medical grade face masks will be available for patients in common waiting areas upon arrival to a healthcare facility as part of respiratory etiquette.
  - a. Patients with fever, respiratory symptoms (e.g., coughing, sneezing) and patients with suspected or confirmed respiratory virus (i.e., COVID-19, Influenza, etc) shall be provided with and instructed to wear a medical grade face mask.
  - b. Patients who enter the facility wearing their own medical grade isolation mask can continue to wear it unless it has an exhalation valve. Patients who have a mask with an exhalation valve will be provided a medical grade face mask.
  - c. Face masks should not be worn by young children under age 2, anyone who has trouble breathing, is at risk of self-harm, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

### **C. Visitors**

- 1. Medical grade face masks will be available to visitors in common waiting areas upon arrival to a healthcare facility as part of respiratory etiquette.
  - a. Visitors shall be encouraged to wear a medical grade face mask for the duration of time they are in the facility.
  - b. Visitors of inpatients requiring transmission-based isolation precautions shall be offered medical grade PPE as directed by the care team prior to entering the patient room.
  - c. Visitors of inpatients who are approved to sleep in the patient's room may remove their face mask to sleep.

## **III. Exposure Management**

Specific exposure management strategies are disease- and scenario-specific. Infection Prevention and Occupational Health protocols establish procedures for notifying patients, visitors and health care personnel who have been exposed to a communicable disease.

- A. General Strategies unless superseded by a disease-specific policy or protocol
  - 1. Exposure to employees

- a. Infection Prevention shall notify Occupational Health when an un-isolated patient has a communicable disease and may have exposed health care personnel.

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- b. Occupational Health and Infection Prevention shall coordinate to determine strategies for notification of potential health care personnel exposure from patients, balancing transmission risk with work capacity.
  
- 2. Exposure to patients
  - a. Infection Prevention shall coordinate with the Medical Director for Infection Prevention to determine when a communicable disease exposure to a patient or visitor has occurred. They will determine when it is necessary to inform the patient’s clinical care team, implement additional transmission-based precautions, or pursue other intervention.
  - b. Occupational Health and Infection Prevention shall coordinate to determine potential exposures from health care personnel to a patient and determine appropriate management.

### DEFINITIONS

**Clinical Area:** Location or unit where patient care is provided, includes patient rooms and hallways within a patient care unit but excludes lobbies, cafeterias, elevators, and restrooms

**Health Care Personnel:** employees, contingent staff, contractors, non-employee credentialed providers, volunteers, and students working in clinical areas

**Medical Grade Face Mask:** Surgical/procedural or isolation mask designed to cover the mouth and nose to provide protection due to their filtration and fluid resistance.

### REFERENCES

None

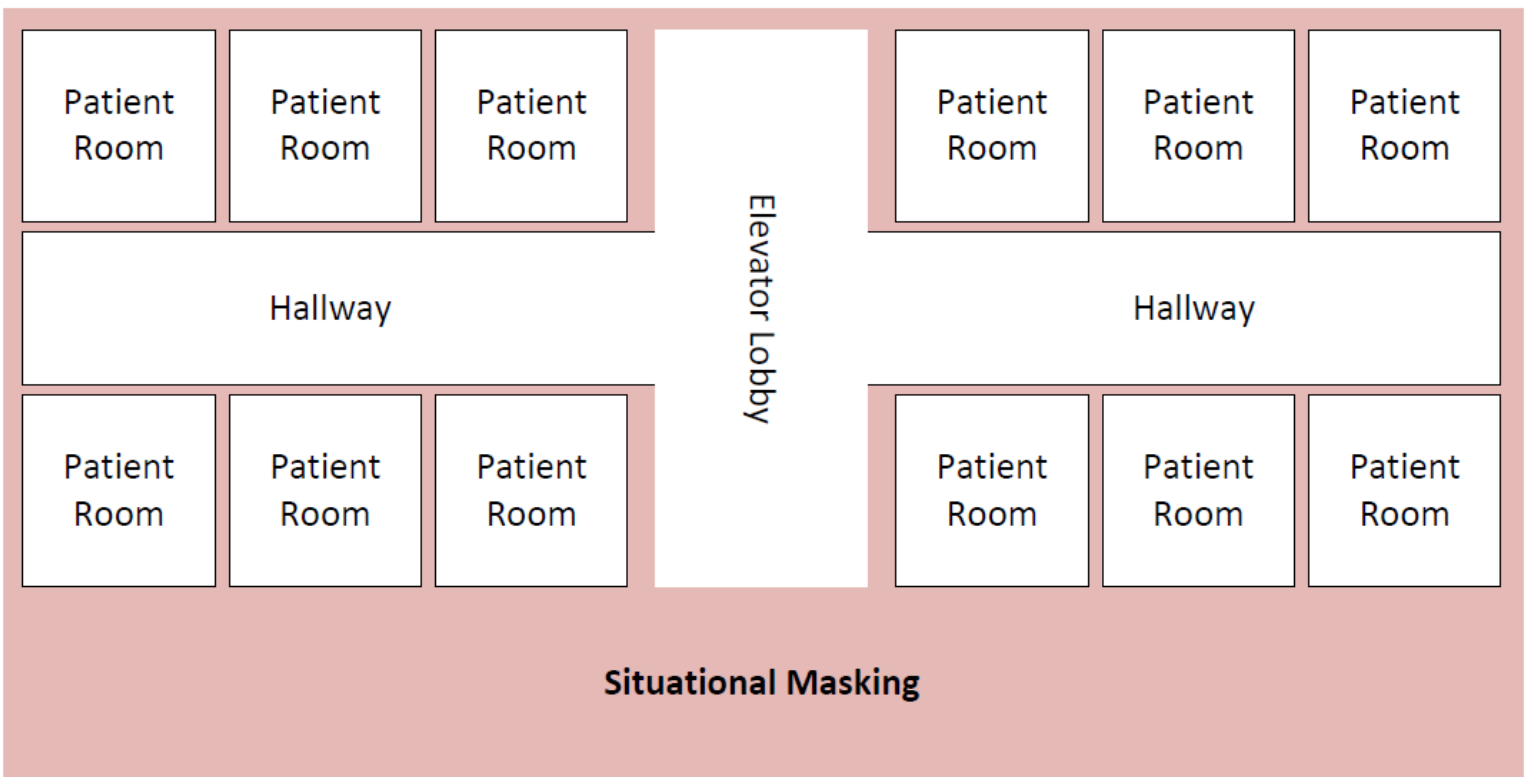
Version 1: 10/26/2023

**EMPLOYEE, PATIENT, AND VISITOR MASKING – INFECTION PREVENTION**

**APPENDIX A: SITUATIONAL MASKING FOR IN-PATIENT UNIT**

**Med Surg Unit 1**

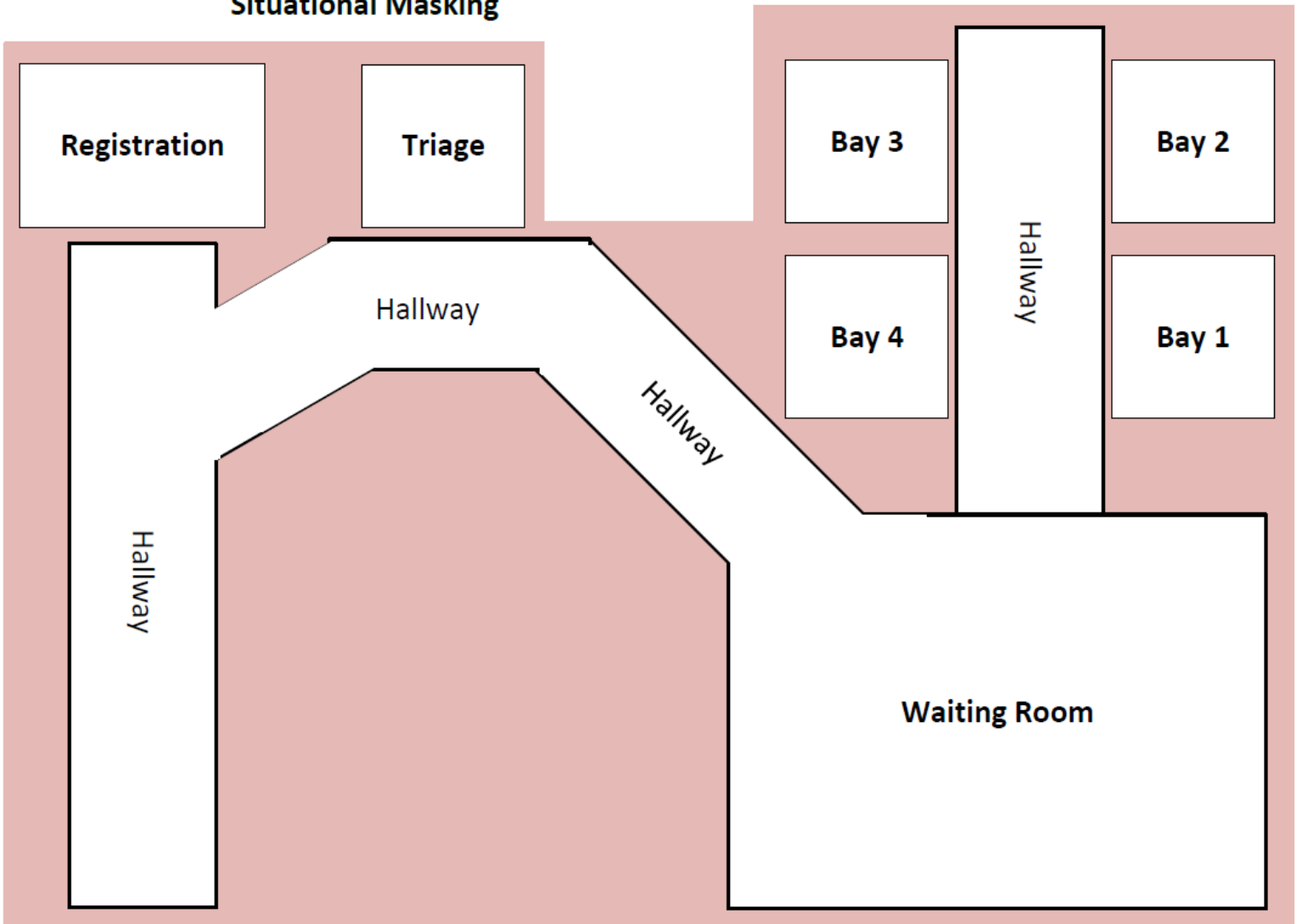
**Med Surg Unit 2**



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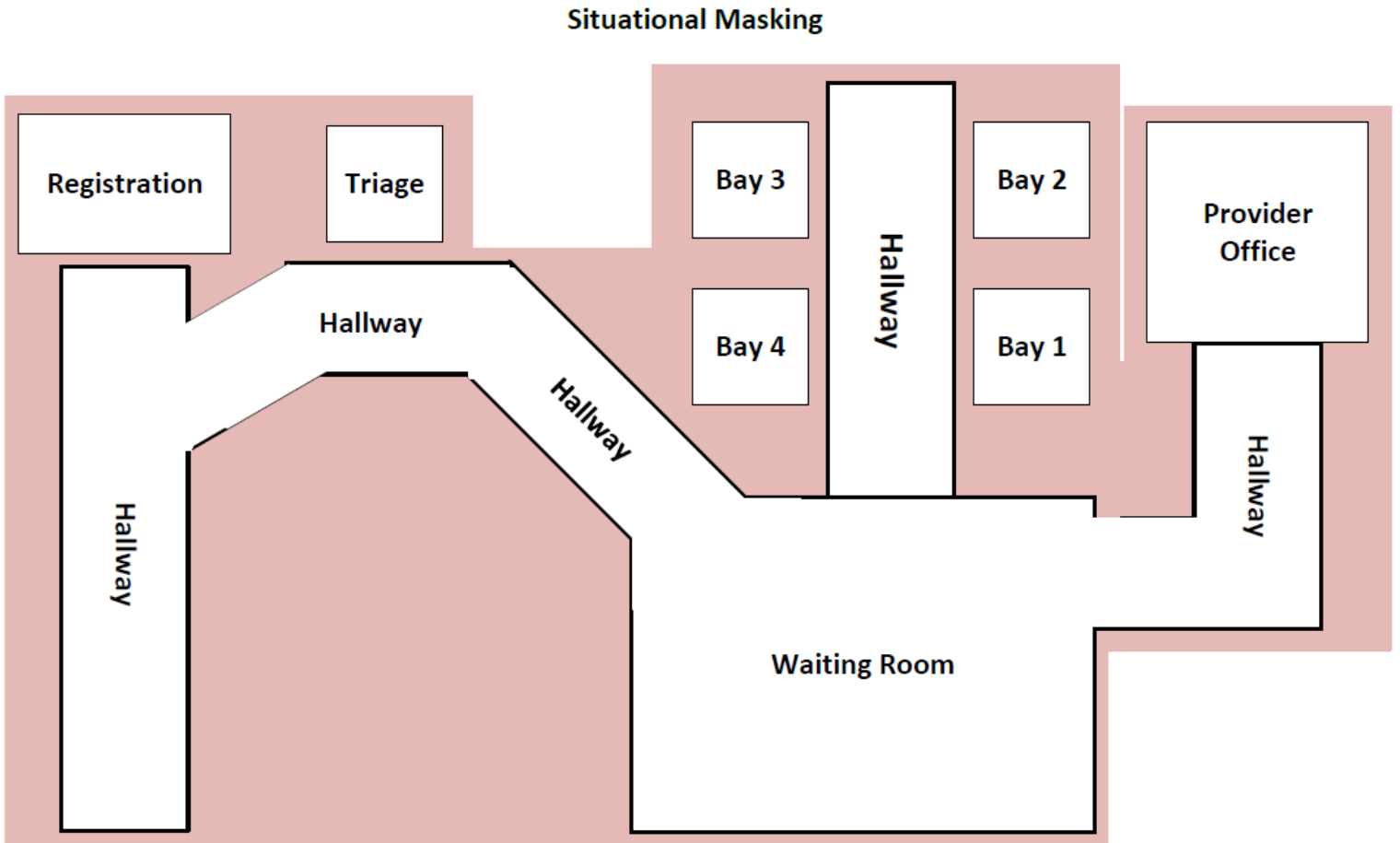
**APPENDIX B: SITUATIONAL MASKING FOR EMERGENCY DEPARTMENT**

**Situational Masking**



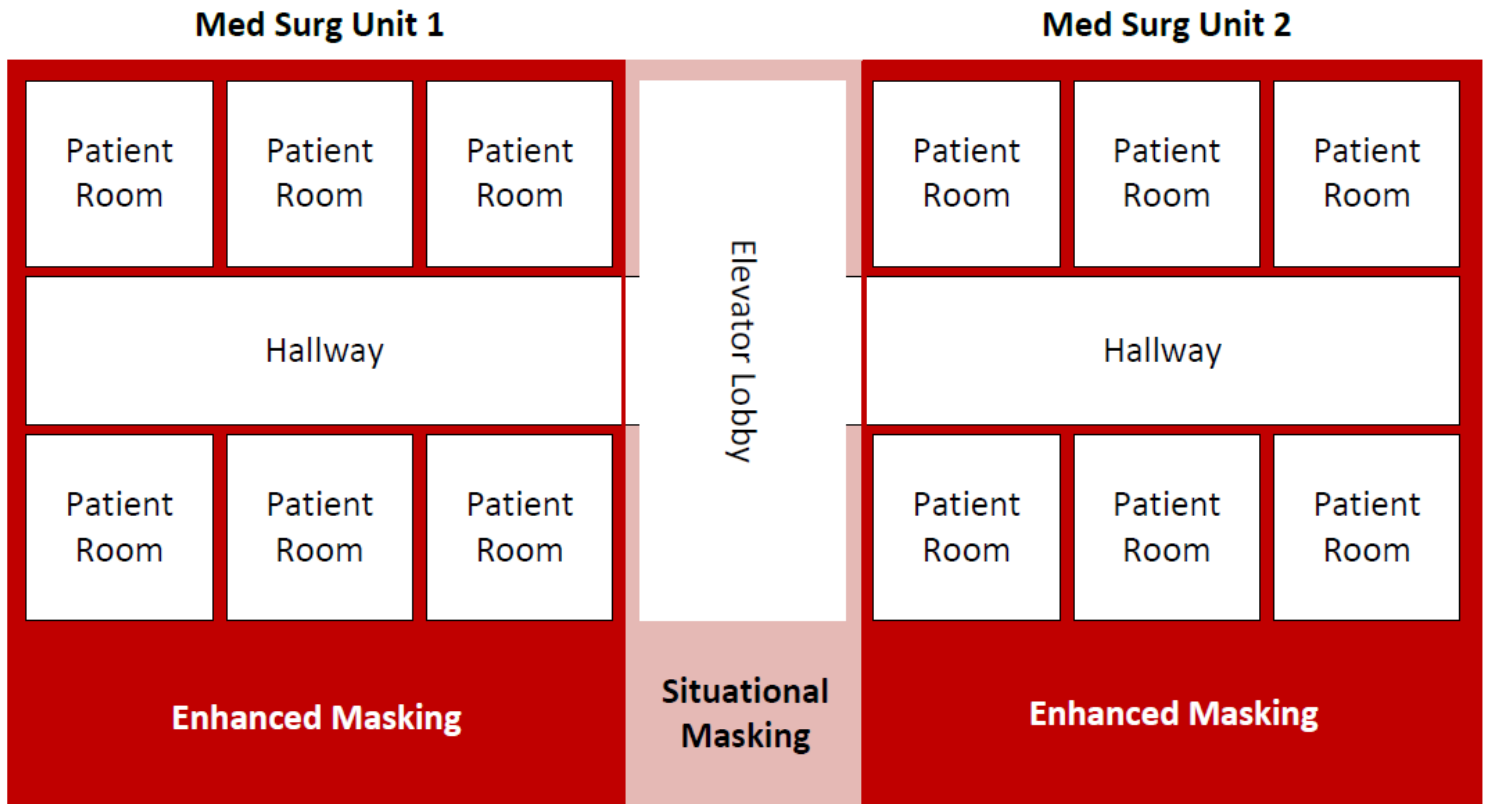
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**APPENDIX C: SITUATIONAL MASKING FOR OUTPATIENT CLINIC**



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**APPENDIX D: ENHANCED MASKING FOR IN-PATIENT UNIT**





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**APPENDIX E: ENHANCED MASKING FOR EMERGENCY DEPARTMENT AND OUTPATIENT CLINIC**

