APPLICATION

All hospital and clinical Health Care Professionals (HCP)

DEFINITIONS

•NONE

INSTRUCTION STEPS

1. **Supplies of facemasks should be removed from public entry areas for conservation purposes.**

2. **Administrative controls**
   A. Limit number of HCPs entering COVID-19 patient rooms
   B. Cohort COVID-19 patients on specified wards. Cohort nurses to provide their care.
   C. Limit or prohibit visitors to COVID-19 rooms.

3. **Implement extended use of facemasks immediately.**
   A. Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.
   B. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
   C. HCPs must take care not to touch their facemask. If they touch or adjust their facemask, they must immediately perform hand hygiene.
   D. HCPs should leave the patient care area if they need to remove the facemask. They should perform hand hygiene after touching the mask.

4. **Implement limited re-use of facemasks when facemasks are in short supply as advised by the SHS Coronavirus Task Force.**
   A. Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for COVID-19, care should be taken to ensure that HCPs do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.
   B. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
   C. Not all facemasks can be easily re-used.
      1) Facemasks that fasten to the provider via ties may be harder to remove without tearing. Any mask that tears during removal cannot be re-used and should be discarded.
      2) Facemasks with elastic ear hooks may be more suitable for re-use.
3) Surgical face masks may be appropriate for extended use in the OR setting. Surgical face masks are not appropriate for reuse in the OR setting. Any provider working directly over the sterile field during a surgical procedure should discard their mask after use.

D. HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

E. If facemask inventory prevents universal masking, prioritize facemasks for selected activities such as:
   1) For provision of essential surgeries and procedures
   2) During care activities where splashes and sprays are anticipated
   3) During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
   4) or performing aerosol generating procedures, if respirators are no longer available

The use of face shields may decrease the risk of mask contamination and should be encouraged if they are available.

ATTACHMENTS
- NONE

REFERENCES
- SHS Work Instruction: PPE Conservation – In Times of Need
- SHS Policy: COVID-19 - Universal Mask Policy

REVIEW/REVISION HISTORY

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<tbody>
<tr>
<td>3/19/2020</td>
<td>0</td>
<td>New</td>
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<td>SHS Coronavirus Task Force</td>
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<tr>
<td>3/24/2020</td>
<td>1</td>
<td>Revision</td>
<td>Added language regarding use of surgical facemasks</td>
<td>SHS Coronavirus Task Force</td>
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<tr>
<td>4/2/2020</td>
<td>2</td>
<td>Revision</td>
<td>Updated language regarding reuse in accordance with COVID-19 - Universal Mask Policy</td>
<td>SHS Coronavirus Task Force</td>
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