



## **FACEMASKS AND FACE SHIELD IN MLH FACILITIES RELATED TO COVID-19 PANDEMIC**

**POLICY:** Guidance on facemask and face shield while in the Methodist Le Bonheur Healthcare (MLH) facilities including hospitals, ambulatory clinics, and offices not in the hospital during the COVID-19 respiratory pandemic.

**PURPOSE:** Increase protection of healthcare workers and associates with use of facemasks and/or full-face shield while in MLH facilities to prevent the spread of COVID-19.

### **DEFINITIONS:**

- **Medical grade/surgical facemask** –a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment.
- **Hand made facemask** –worn by visitors in ambulatory clinics and associates offices not in hospital. Handmade mask not worn in hospitals by anyone at this time. Launder handmade mask at home by the wearers.
- **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
- **Face shield** is PPE that is a full impermeable covering of the face, eyes, face and surgical facemask.
- **Social distancing** – maintain six feet from others to prevent the spread of COVID-19 EVEN when wearing a facemask.
- **Personal protective equipment (PPE)** – For example, surgical facemask, face shield.

### **GENERAL FACEMASK GUIDANCE**

1. Wearing facemask is not optional while in MLH facility or offices. This includes clinical and non-clinical areas.
2. Maintain social distancing, regardless of the wearing of facemask.
3. Consider avoiding makeup to reduce soiling and maintain integrity of mask.
4. Clean hands with alcohol-based hand rub or soap and water prior to donning PPE.
5. Put mask on prior to entering building.
6. Wear facemask the entire time while on MLH campus. Remove facemask while eating and/or drinking.
7. For mask safety and efficacy reasons, do not write on mask or deface the mask in anyway. Avoid writing on mask to protect mask integrity.
8. Donning and doffing of facemask

- a. Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
  - b. Secure ties or elastic bands at middle of head and neck. If mask has ear loops, secure ear loops.
  - c. Fit flexible band to nose bridge
  - d. Fit snug to face and below chin.
  - e. Take care not to touch front of facemask.
  - f. If facemask is touched or adjusted, immediately perform hand hygiene.
  - g. It is okay to remove facemask when outdoors. Continue to maintain social distancing of six feet.
  - h. Remove mask from behind (do not touch the front of mask).
9. Storage: Store masks and/or face shield in paper bag labeled with name.
10. Exclusions: Facemasks and cloth face coverings should not be placed on:
- a. Young children under age 2
  - b. Anyone who has trouble breathing
  - c. Anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

#### **MEDICAL GRADE/SURGICAL FACEMASKS:**

1. Medical grade face masks are worn by all healthcare workers in the hospital and clinics including:
  - a. Caregivers
  - b. Associates (corporate or facility based)
  - c. Contractors
  - d. Ancillary support
  - e. Vendors
  - f. Students
  - g. Visitors (including parent or designated family member of pediatric patients)
  - h. Patients
    - i. Provide facemask to any patient entering the hospital if they do not already have one.
    - ii. All patients should wear a facemask when not in their room.
    - iii. Patients should wear a facemask when anyone enters their room including patients such as those with:
      1. Positive COVID test
      2. Without a negative COVID tests
      3. COVID-19 suspect patients
    - iv. Patients may remove their facemask when in their room if they have a negative COVID tests.
    - v. Instruct patients that if they must touch or adjust their facemask they should perform hand hygiene immediately before and after.
2. Do not wear a hand-made mask over the surgical facemask. Hand-made cloth mask do not provide exposure protection.

**HANDMADE FACEMASKS** may worn outside of hospital setting, that is, MLH offices.

1. Anyone in MLH offices or off site facilities (not in a hospital) will wear a handmade mask to reserve medical grade mask for clinical areas.
2. Visitors in clinics – MLH visitors ONLY in ambulatory settings may wear the hand-made masks. Instruct MLH visitors to take mask home with them and they can store in a paper bag they have at home. Instruct visitors to save mask and wear back if they return to the clinic.
3. Provide patients a handmade mask upon discharge as supplies last to wear when they are out of their home.
4. Launder handmade mask at home as needed. Discard if damaged.

## **FACE SHIELD**

1. HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).
2. In addition to facemasks, healthcare workers also will wear a full-face shield while in patient care areas and patient facing.
  - a. Facemask and the full-face shield will be the basic PPE for clinical care. Follow standard precautions for additional PPE as indicated.
  - b. Examples of care areas include a patient or procedure room and transporting or ambulating a patient.
  - c. Full-face shield covers the eyes, nose and surgical facemask. Face shield is not required in non-care areas such as nursing station, elevators, halls or cafeteria. For instance, a transporter may choose to wear face shield in halls after transporting a patient to their destination.
  - d. When face shield removed, clean and place in a bag. Based on asymptomatic patients, adding this protection for the eyes reduces transmission risks. See below for cleaning instructions.
3. Exclusions:
  - a. In instances where vision is impaired related to glare or fogging during a procedure, an alternative eye protection may be used.
  - b. Face shield is not required in public spaces such as lobby, hallways, cafeteria or elevators unless transporting a patient.
  - c. Face shield is not required if a protective barrier is between the patient and the healthcare worker, for example, Plexiglas at registration desk.
4. Healthcare workers include and not limited to:
  - a. Caregivers
  - b. Associates (corporate or facility)
  - c. Contractors
  - d. Ancillary support
  - e. Vendors
  - f. Students
5. Doffing

- a. Carefully remove face shield by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield. Perform hand hygiene after removal.
6. Disinfection
  - a. After removal of the face shield, disinfect the shield before storing. While wearing gloves, carefully wipe the outside of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
  - b. Wipe the outside of the face shield or goggles with clean water or alcohol pad to remove residue.
  - c. Fully dry (air dry or use clean absorbent towels).
  - d. Remove gloves and perform hand hygiene
  - e. Cleaned face shield can be stored in a bag. Label paper bag with name on it.
7. Storage
  - a. Each facility is responsible for a distribution and storage plan for their hospital, clinic or office.
  - b. Store face shield in a bag labeled with name.
  - c. Perform hand hygiene
8. Replace the face shield with a new one as soon as it is damp, soiled or damaged. Goal for extended use is three to four weeks. Extended use may vary based on manufacturer of the face shield, person and use.