Cloth Masks for Colleague Universal Source Control

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Colleague and provider safety is our top priority. In the midst of this current pandemic we are pursuing contingencies to preserve the supply of medical grade, disposable masks and respirators for colleagues and clinicians when caring for patients under investigation (PUI) and those with confirmed COVID-19 – similar to prior, recent pandemics.¹

All health care personnel providing care for COVID-19 PUIs, COVID-19 positive patients or any isolated patient must continue to follow CDC and MercyOne guidelines for Personal Protective Equipment (PPE) using factory-made, traditional PPE.

Continued community transmission has increased the number of individuals potentially exposed to and infectious with COVID-19. Fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals, including colleagues. Symptom screening also will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic; additional interventions are needed to limit the unrecognized introduction of COVID-19 into healthcare settings by these individuals.

As part of aggressive source control measures, MercyOne is encouraging that every colleague entering the facility wear a cloth face covering while in the building, regardless of symptoms. Care locations within communities experiencing high-levels of COVID-19 patients or PUIs may require the use of cloth masks for colleagues and visitors at the discretion of their senior leadership team and/or Incident Commander.

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Some colleague job duties do not require PPE (e.g., clerical personnel) and warrant a cloth face covering for source control while in the healthcare facility. Other colleagues (e.g., nurses, physicians) might wear their cloth face covering for part of the day when not engaged in direct patient care activities, only switching to a respirator or facemask when PPE is required.

Because cloth face coverings can become saturated with respiratory secretions, care should be taken to prevent self-contamination. They should be changed if they become soiled, damp, or hard to breathe through, laundered regularly (e.g., daily and when soiled), and, hand hygiene should be performed immediately before and after any contact with the cloth face covering.

Non-commercially made PPE
Nontraditional cloth masks, made of cotton, are **not as protective as medical grade, disposable procedure** or surgical masks and are not to be used for direct patient care except as described below.

The following is guidance on use of nontraditional, cloth masks by colleagues and clinicians:

- **Do not use nontraditional cloth mask when caring for any PUI or patient with confirmed COVID-19.** Instead follow requirements for appropriate personal protective equipment (PPE) based on CDC recommendations.
- Only wear nontraditional cloth mask when outside of a direct, clinical patient care area, e.g. leaving unit for breaks, transporting equipment, products, etc. through main, public corridors, where a 6 ft distance cannot always be maintained.
- Healthcare workers that provide patient care in long term care facilities should use a minimum level of personal protective equipment (PPE) for all patient care activities. These healthcare workers should use a face mask and eye protection for all patient encounters.
- Colleagues in non-acute care settings like Home Care are strongly encouraged to wear cloth masks while working but need to remove the cloth mask and put on a disposable, medical grade mask for situations where transmission-based and standard precautions require use of a mask, e.g. if splashes or sprays of blood or body fluid are anticipated.
- Cloth masks used by colleagues outside of direct patient care can be kept by the colleague or clinician and laundered at home.
  - For home laundering, use hot water cycle and add liquid bleach according to instructions for the washing machine in use at their home.
- Cotton face masks should be created using the specs available here. You can also reference this video for instructions: [https://youtu.be/mgCEprj1_Os](https://youtu.be/mgCEprj1_Os)

Accepting Donations of Traditional PPE
We continue to accept community donations of traditional PPE/equipment. Guidelines for accepting donations:

- It must be in its original, unopened packaging
- Must be approved by the local Incident Command Logistics Chief who will:
  - Inspect packaging for integrity and appropriate certification
  - Determine usability (consult with Clinical Operations and Planning Section Chiefs for Efficacy and Risk concerns)

MercyOne Continues to Secure Supplies
MercyOne's supply chain and procurement teams continue to work to find new suppliers and manufacturers to supply needed PPE. Additionally, we are finding creative ways to produce PPE that meets the standards necessary to protect our colleagues.

- Each day we are leveraging our national supply chain to secure additional PPE for each hospital
- We are working out the means for allocation among our locations, and continuing to find other sources for production, in line with CDC guidelines, to address some of the global supply challenges for hospitals.
Do’s and Don’ts for Health Care Staff Wearing Facemasks During the COVID-19 Pandemic*

Do’s

- Wear a cloth or medical facemask whenever you are within 6 feet of other people.
- Wear a medical facemask as personal protective equipment when providing direct care.
- Change your facemask if it is damaged (e.g., torn, wet or visibly soiled) or becomes hard to breathe through.
- Remove ear loop facemasks by handling only the ear loops and tie face masks by handling only the ties.
- Perform hand hygiene before and after removing a facemask.
- Practice extended use of disposable medical facemasks (e.g., do not remove mask except to discard) rather than reuse (e.g., remove and store mask between uses) if supplies are limited.
- In crisis situations, if a facemask must be re-used, store and handle in a manner that prevents contamination of the inside of the mask and wash hands after re-applying.

Don’ts

- Do not wear a cloth facemask as personal protective equipment (e.g., when providing direct care to a patient).
- Do not remove your mask unless you are at least 6 feet away from other people, this includes co-workers, visitors and patients.
- Do not touch the front of a used mask during use or removal.
- Do not wear a facemask that is soiled, damaged or hard to breathe through.
- Do not wear a medical facemask for aerosol generating procedures (use an N95, Elastomeric, or Powered Air Purifying Respirator for these procedures).
- Do not reuse medical facemasks unless the organization has reached crisis situation and has contacted the local health authority and no alternative or additional supplies can be anticipated.

* Facemasks are just one element that should be used in conjunction with other measures, such as social distancing, to protect people from exposure to COVID-19. When facemasks are worn as PPE they must be used with other PPE as determined by the clinical situation and facility policies and procedures.
Cloth Mask Frequently Asked Questions
Nontraditional cloth masks, made of cotton, do not offer the same protection as medical grade, disposable procedure or surgical masks and are not to be used for care processes and procedures in which traditional PPE is required. The FAQs below are a companion to the guide on nontraditional PPE.

1. If I am caring for COVID-19 patients, PUIs, and patients who are not suspect or confirmed, how would I manage the transition between a cloth mask and the traditional disposable medical grade mask?
   A cloth mask is not required for patients who are not suspected or confirmed to have COVID-19 or PUIs. If you choose to wear a cloth mask when caring for patients who do not have suspect or confirmed COVID-19, you should remove the cloth mask (fold and place in a pocket) and don a surgical mask prior to entering the room of a suspect or confirmed patient. As a reminder, all healthcare personnel providing care for the following populations or procedures must continue to follow system-wide guidance based on CDC recommendations using appropriate Personal Protective Equipment (PPE) and existing applicable hospital policies. Examples of this appropriate use include:
   - Care of PUIs or COVID-19 positive patients based on CDC's recommendations that have been incorporated into System Office guidance
   - Caring for patients in areas/units that receive a high volume of people with symptoms of fever and upper respiratory infection, e.g. Emergency Department
   - Any patient requiring transmission-based isolation precautions
   - Any procedures require use of a surgical or procedure mask for maintaining aseptic technique, e.g. lumbar puncture

2. If I’m already wearing a cloth mask, can I put a surgical mask over it? Will it provide me with more protection?
   No. Cloth masks do not provide the same protection as traditional, disposable medical grade masks. There is no additional benefit from wearing a cloth mask under a disposable one – just use the traditional, disposable mask and eye protection for the situation in which it is needed, e.g. entering room of a PUI or COVID-19. Cloth masks are not considered PPE [personal protective equipment], since their capability to protect healthcare professionals is less than traditional mask. Placing a surgical mask over a cloth mask will not necessarily increase your protection and could cause you to have difficulty breathing and communicating with the patient through the two masks.

3. If I’m entering a confirmed COVID-19 patient room, and I have a cloth mask on, can I put a face shield on over the cloth mask and forego the surgical mask? Won’t the face shield keep my face protected?
   No. The respiratory protection from a cloth mask is far less than a surgical mask, a face shield and cloth mask will not protect you from inhaling fine droplets if you are within six feet of the patient, particularly should the patient cough or sneeze.

4. I work in a non-patient care area. Do I need a cloth mask?
   As part of aggressive source control measures, MercyOne is encouraging that every colleague entering the facility wear a cloth face covering while in the building, regardless of symptoms.
5. I feel safer wearing a mask because I don’t know if I will be in contact with someone who has been exposed. Is this a best practice?
There is no evidence at this time to indicate that the practice of wearing a cloth mask will provide you with additional protection in general activities. It may offer some protection but is not to be used for work in which a traditional, medical grade mask is required, e.g. for patients on Droplet precautions, during aseptic procedure like a lumbar puncture. You can wear a cloth mask during times when disposable medical grade masks are not required. The most important ways to protect yourself against COVID-19 are to clean your hands, disinfectant your work area and if you see someone who is coughing and sneezing, remain 6 ft away and let them know where they can get a disposable mask or facial tissues to contain their cough.

6. How can I obtain a cloth mask if I can’t make one at home?
Cloth masks have been ordered for our ministries and are in production from textile manufacturers. The point at which these will be available vary so check with your supervisor for any updates on their availability at your workplace. Many ministries have received offers by people in the community to make cloth masks. These are acceptable to use as well but each hospital that receives these donations will arrange to launder them before making them available. Discuss the potential availability of a cloth mask with your immediate supervisor.

7. Can I wear the same cloth mask all shift?
When worn all day, masks will likely become damp and soiled. Should you notice your mask is soiled, becoming damp, or it is difficult to breathe through, you should remove the mask.

8. Should I wash my cloth mask at the end of each shift?
When worn all day, masks will retain expired respiratory moisture and become soiled. We recommend that you carefully remove your mask and launder it in hot water and laundry soap, adding bleach to the load.

9. I don’t work in acute care, I work in a community-based setting. Won’t a cloth mask do?
Colleagues in non-acute care settings like Home Care and Senior Communities can wear these cloth masks while working but need to remove the cloth mask and put on a disposable, medical grade mask for situations where transmission-based and standard precautions require use of a mask, e.g. if splashes or sprays of blood or body fluid are anticipated, resident is on Droplet Precautions for influenza, etc.

10. I accidently failed to mask with a regular surgical mask entering a PUI room. Should I report this?
You should notify your immediate supervisor right away and complete an occurrence report. Your supervisor will provide you with instructions.

Reference: