Reversible Cloth Face Coverings for Patients & Visitors

Updated August 10, 2021

What’s Changed: Consolidated FAQs on cloth face coverings into this guide. Added new question with answer linked to PPE guidebook for colleagues with skin sensitivity to facemasks.

Background
Safety is a Core Value and a priority for our organization, and we are doing all we can to continue to protect patients, colleagues, clinicians and visitors from exposure to COVID-19. The Centers for Disease Control and Prevention (CDC) has recommended universal source control for all when in health care facilities. Source control, meaning use of disposable, medical grade facemasks or other types of respiratory protection, applies to colleagues and clinicians when working in the ministry. Patients and visitors are to wear either a well-fitting cloth face covering or, disposable facemask. Either should be available for patients and visitors at entrances for those who do not have their own face coverings.

Important: Cloth face coverings are not considered Personal Protective Equipment (PPE) and are not to be worn by colleagues or clinicians inside the ministry. Refer to the PPE Guidebook and infection-prevention-and-control-guidance-for-pui-or-confirmed-covid-19-in-healthcare-settings.pdf for the appropriate PPE that colleagues and clinicians are to wear.

For patients and visitors, acceptable cloth face coverings, made of 2-3 layers of tightly woven cotton fabric, are not as protective as medical grade, disposable procedure or surgical masks and are not to be used in any areas by colleagues and clinicians but are supported by CDC for patients and visitors.

Under the OSHA COVID-19 ETS there are areas and situations where colleagues can temporarily remove their facemask, e.g., to eat or drink. The ETS also permits the ministry, under their COVID-19 Plan, to identify well-defined areas in which there is no reasonable likelihood of presence of a person suspected of or confirmed to have COVID-19, e.g., patients. Examples of well-defined areas therefore are offices or other spaces that are closed to the public and only occupied by colleagues and clinicians. In these, colleagues that are fully vaccinated do not need to wear facemasks. However, when colleagues leave this well-defined area and are traveling through areas where the general public will be, they need to put on a facemask.

Patients and visitors, even if wearing a cloth face covering, are not permitted in the well-defined areas identified in the ministry’s COVID-19 plan.

Use of Cloth Face Coverings by Patients, Visitors

- To be effective, cloth face coverings must:
  - Be worn covering the nose and mouth and conform to the wearer’s face. A metal nose piece is highly recommended.
○ Be made of 2-3 layers (ply) of tightly woven cotton fabric (as recommended by the CDC)
○ No bandanas or gaiter-style coverings (see Appendix for photos)
○ Never contain an exhalation valve. Exhalation valves do not contain respiratory secretions.

- Examples images of acceptable and unacceptable cloth face coverings are provided below.
- Cloth face coverings or disposable facemasks can be provided by the ministry at entrances for those who do not have their own, acceptable face covering. Contact Supply Chain for further details.

Appendix – Unacceptable Cloth Face Coverings

[Images of unacceptable face coverings]

Acceptable Cloth Face Covering

[Images of acceptable face coverings]


FAQs Regarding Cloth Face Coverings

Q1. Can you define an acceptable cloth face covering?
   A1. Acceptable cloth face coverings are made of two to three layers of tightly woven cotton fabric that fit closely to the face by covering the nose and mouth. Cloth face coverings do not offer the same protection as medical grade, disposable procedure or surgical masks and are not to be used by colleagues and clinicians at any time while in the ministry. The rationale is OSHA has determined cloth face coverings do not meet requirements in their PPE standard.

Q2. A patient is about to enter our ministry and asks if the single layer chin-face gaiter is
acceptable. Is it?

A2. No, this type of cloth covering is not sufficient. The System guide above provides examples of which are and are not acceptable.

Q3: 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 face covering and the traditional disposable medical grade mask?

A3: A facemask is required for all colleagues who enter our facilities. Use of cloth face coverings by colleagues in any areas of the ministry are not allowed. All colleagues are to follow the PPE guidance in the PPE Guidebook.

Q4. Are patients or visitors wearing cloth face coverings permitted in well-defined areas under the OSHA ETS?

A4. No. well-defined areas are spaces closed to the general public. Patients and visitors, even if wearing cloth face coverings are not permitted to be present.

Q5: If I am already wearing a procedural mask, can I put a cloth face covering over it? Will it provide me with more protection?

A5: No. Cloth masks are not to be worn by colleagues when in the ministry even if worn over a procedure facemask. Colleagues with skin sensitivity to disposable procedure or surgical masks should work with their Employee Health Services to investigate strategies to prevent skin irritation. See also PPE Guidebook for more details on prevention of skin irritation from PPE.

Q6: I work in a non-patient care area. Can I wear a cloth face covering?

A6: No. OSHA ETS requires colleagues wear a disposable facemask during their work inside the ministry.

Q7: I don’t work in acute care, I work in community-based primary care practice. Won’t a cloth face covering do?

A6. No. A facemask must be worn by health care personnel who work in any type of health care setting, e.g., primary care office, acute care facility or continuing care setting like skilled nursing facility or PACE location.

References:


4. Use Masks to Help Slow Spread | CDC