

Regional Health/Medical Multi-Agency Coordination Group
Regional Policy Recommendation for Hospital Mask Use in the Face of a Pandemic
that Creates a Scarce Resource Situation

Rationale for the Regional Policy Recommendation

1. A regional hospital mask policy optimizes the safety of staff, patients, and the community at large, while helping to conserve scarce resources in the community.
2. A regional hospital mask use policy ensures a community standard for how masks are used. This will help inform those in the position of making scarce resource allocation decisions do so with confidence that mask utilization is the same across hospitals.
3. By adopting an aligned community standard, State policy will be more easily influenced.

NOTE: *The following policy recommendation are made in acknowledgment of the latest CDC Interim Guidance on Infection Control Measures for 2009 H1N1 (October 14, 2009), as well as the State of Oregon's guidance which is in alignment with OR OSHA. In addition, it is recognized that the State of Washington OSHA is more bound by Federal OSHA than the State of Oregon. This is a fluid situation; the policy recommendation may change.*

Regional Hospital Mask Use Policy Recommendation

NOTE: *In general, healthcare personnel are to perform frequent hand hygiene, including before and after all patient contact, moving from room to room, contact with respiratory secretions, and before putting on and upon removal of PPE.*

1. **Precautions:** For ILI patients (suspect and confirmed), hospitals use droplet precautions at a minimum.
2. **Mask Use for Droplet Precautions:** For droplet precautions for healthcare personnel in close contact with ILI patients (suspect and confirmed), hospitals use a combination of 1) procedure masks (paper w/ear loops); 2) surgical masks (with ties) as a back-up if procedure mask supply is limited; and 3) surgical cone masks. Choice of which procedural/surgical mask to use may be based on mask need and availability. *CDC defines close contact as within 6 feet of the patient or entering into a small enclosed airspace shared with the patient.*
 - a. **Re-Using and Changing Procedure/Surgical Masks (Droplet Precautions):**
 - i. Staff can continue to use mask when going from room to room, practicing good hand hygiene, and for as long as the integrity of the mask is not compromised (wet, soiled, damaged). A mask should be changed if there is concern about contamination from droplets.
3. **Respiratory Protection for Aerosol-Generating Procedures:** Use respiratory protection (defined as protection with a level of protection N95 and above) only for aerosol-generating procedures on patients with suspected or confirmed H1N1 influenza or provision of care to patients with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis). The definition of aerosol-generating procedures is in alignment with CDC guidance (e.g., bronchoscopy, sputum induction, endotracheal intubation and extubation, open suctioning of airways, cardiopulmonary resuscitation, autopsies).

4. Respiratory Protection for High-Risk Workers: Respirator use among healthcare personnel at higher risk for complications of H1N1 influenza should be used in accordance with CDC guidelines.
5. Mask Use for Patients: Patients presenting for medical care with ILI symptoms are to be masked with procedure masks (or surgical if out of procedure) until placed in a private room. Procedure masks (or surgical if out of procedure) are to be used if patients have ILI symptoms and have to leave a private room (e.g. for transfer, trips to radiology, etc.), and/or if severely immuno-compromised (e.g., bone marrow transplant patients).
6. Mask Use for the Public: Visitors with ILI symptoms may be provided a procedure (or surgical if out of procedure) mask.
7. Healthcare Worker/Patient Interactions: "Healthcare personnel entering the room of a patient in isolation should be limited to those truly necessary for performing patient care activities" (*as per CDC Interim Guidance referenced above*).
8. Before Accessing SNS Stockpile Resources: Hospitals/Health Systems must demonstrate that their mask, respirator and PAPR use practices are in alignment with the policy recommendation, and be at a level of supply where they anticipate a shortage within 5-7 days. They must also ensure that they first:
 - a. Exhaust internal resources and modify mask use and respiratory protection as per the policy recommendation
 - b. Exhaust available caches
 - c. Exhaust available healthcare resources
 - d. Exhaust mutual aid agreements

The Health/Medical MAC Group that developed this recommendation included representatives from the following agencies:

- Adventist Medical Center
- Kaiser Permanente
- Legacy Health System
- Medical Society of Metropolitan Portland
- Oregon Health & Science University
- Portland VA Medical Center
- Providence Health System (PSA)
- SW Washington Medical Center
- Tuality Healthcare
- Clark County Public Health
- Columbia Health District
- Multnomah County Public Health
- Washington County Department of Health & Human Services

This hospital visitation policy recommendation applies to the hospitals/health systems present at the Health/Medical MAC Group meeting (listed above). Hospitals that were not present may choose to adopt the policy recommendation.