GCHD
GRANT COUNTY HEALTH DISTRICT

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# Health officer guidance on use of masks and respirators for respiratory pathogens in healthcare setting in Grant County, WA after April 2, 2023

## EXECUTIVE SUMMARY

- All prior masking guidance by the Grant County Health Officer is hereby rescinded.
- All facilities should develop facility-wide masking policies respecting general infection control principles, with particular attention to the epidemiology of respiratory pathogens, risks to the populations they serve, and the safety of their employees.
- All applicable local, state, and federal masking laws and regulations, if more stringent, supersede this guidance.
- The use of N95 (and higher) respirators when treating patients with COVID-19 is required.
- Universal masking is required during respiratory illness outbreaks at healthcare facilities. Healthcare facilities are advised to use the proposed CTSE definition of COVID-19 outbreak in healthcare settings.
- Masking for source control of symptomatic patients and staff is expected.
- Masking for source control of asymptomatic patients and staff is recommended only for patient-facing encounters.
- Individuals who are not up-to-date on applicable respiratory pathogen vaccines should be issued a specific guidance in keeping with pre-pandemic facility-specific principles and policies (i.e. masking at all times, or during pathogen surges, or during seasons, as defined by the facility and county epidemiologic situation).

## BACKGROUND

On April 3, 2023, the Washington State Department of Health (DOH) will remove the Secretary of Health Mask Order requiring universal masking in healthcare, long-term care, and adult correctional facilities for people age 5 and older.

Throughout the COVID-19 pandemic, healthcare facilities have put patient and healthcare worker safety first by requiring patients, healthcare workers, and visitors in our facilities to mask, among other interventions. Masks mitigate the spread of respiratory infections, not just SARS-CoV-2, including when people have minimal or no symptoms.

Many patients seeking healthcare have serious medical diagnoses, including conditions that leave them vulnerable to severe disease complications from COVID-19 or other respiratory viruses. It is assumed that some seasonal and non-seasonal degree of risk from respiratory pathogens will always be present and that masking reduces that risk.

SARS-CoV-2, virus causing COVID, is an airborne respiratory hazard, not droplet, and should be addressed as such.

**EXISTING GUIDANCE**

1. Despite ending of the Secretary of Health Mask Order, DOH continues to recommend masking in healthcare facilities for COVID-19 infection prevention.
2. Per DOH, licensed healthcare facilities are required to have infection prevention policies and programs consistent with Centers for Disease Control (CDC) guidance.
3. The CDC recommends that community transmission serves as the metric to guide healthcare setting practices to mask, before there is strain on the healthcare system, and to better protect the individuals seeking care in these settings. However, with a significant reduction in reporting and testing, and with difficulties for in-time respiratory pathogen surveillance, the community transmission is and will be difficult to estimate.
4. Other federal agencies, including DHHS or CMS, may place additional masking requirements on healthcare facilities.
5. In response to the ending masking mandate, many healthcare facilities in Washington have issued masking guidance or plan on requiring some form of masking in healthcare after the Secretary of Health Mask Order ends. It is likely that a patchwork of different masking requirements will exist depending on location and facility going forward.
6. Washington State Department of Labor and Industries states that employers are required to provide a safe working environment and protect workers from hazards and that employer policies and procedures protecting workers (including the use of PPE) must be based on a hazard /risk assessment.

**RECOMMENDED MASKING GUIDANCE**

By issuing this guidance, all prior masking guidance, requirement or recommendations by Health Officer are hereby rescinded.

With the new guidance, all efforts should be taken to prevent violation of any local, state or federal law, regulation or provision allowing to not mask (disability, communication barrier, acute illness making masking impossible, medically valid request, etc.).

Any local, state or federal regulation on masking which is more stringent that this guidance should apply and supersedes this guidance.

**Use of respirators (N95 and higher) and other PPE (shields, gowns, gloves) in healthcare settings (treating patients suspected or confirmed of having COVID-19 or any other airborne pathogen)**
The use of a properly fit-tested respirator by all healthcare workers is REQUIRED by existing labor laws whenever a potential or known airborne respiratory hazard could be environmentally present in inpatient or outpatient setting. Healthcare workers must adhere to using applicable PPE, including respirators, whenever assessing or treating patients with symptoms of COVID-19, or other airborne respiratory and other diseases.

COVID-19 symptoms can be diverse, vary in severity, can be similar to other respiratory pathogens, and may differ from patient to patient. Therefore a degree of prudence, airing on the side of a possible airborne hazard present, is necessary when treating any patients with respiratory or COVID-19 symptoms.

It is consequently the continued expectation, which predates COVID-19 pandemic, that all healthcare facilities maintain policies and procedures requiring the use of fit-tested N95 respirators and other PPE when assessing patients who may pose an airborne pathogen hazard. Respirators, when required, must be used as part of a facility-wide respiratory protection plan. Masks, respirators, and other required PPE should be worn according to healthcare standard and with transmission-based precautions in mind.

Washington State Department of Labor and Industries (L&I) states, among other things, that: "Respirators prevent inhalation of infectious material. Respirators must be worn according to a facility's Respiratory Protection Program. Also wear a respirator when anticipating exposure to aerosolized particles (… )." L&I expectations and requirements for the use of PPE in healthcare, including masks and respirators, are included here: https://www.lni.wa.gov/safety-health/safety-topics/topics/standard-precautions-in-healthcare-settings

**Use of masks or respirators in healthcare setting during respiratory pathogen outbreaks**
It is the continued EXPECTATION that universal mask use by all staff and patients at all times is initiated at any unit or facility in an inpatient and outpatient setting or long-term care setting (as applicable based on size and location) experiencing an outbreak of respiratory illness, including COVID-19.

When faced with a possible COVID-19 outbreak, healthcare facilities should use the COVID-19 outbreak definition as proposed by the Council of State and Territorial Epidemiologists (CSTE) here: https://preparedness.cste.org/wp-content/uploads/2020/11/HC-Outbreak-Definition.pdf

**Use of masks or respirators for source control (SYMPTOMATIC patient or staff)**
It is the continued EXPECTATION that, whenever safe and possible, all patients or staff with respiratory symptoms wear a mask (a surgical mask or a respirator) when presenting to a healthcare facility with any respiratory symptoms, symptoms of COVID-19, or with a recently positive test for COVID-19 or any other respiratory pathogen.

Symptomatic patients, where such masking would be indicated, should be asked to mask at the entry, whenever possible, or signs directing them to do so should be in place.

Staff with respiratory symptoms should mask immediately and should exclude themselves from the workplace until evaluated, tested and /or sufficiently improved, and afebrile for at least 24 hours (as applicable). Staff testing positive for COVID-19 or other respiratory pathogens should be excluded from work according to the CDC guidelines. Facilities are encouraged to develop their own policies addressing this infection control responsibility.

L&I states, among other things, that at minimum: "Masks as source control protect others from the wearer's respiratory secretions. Wear a mask as source control when performing certain procedures to limit contamination and as part of respiratory hygiene/cough etiquette. Wear a mask when there is anticipated splash or spray of blood, body fluids, secretions or excretions to a HCP's mouth or nose. This

could include when placing a catheter, or when caring for a coughing patient." L&I expectations and requirements for the use of PPE in healthcare, including masks and respirators, are included here: https://www.lni.wa.gov/safety-health/safety-topics/topics/standard-precautions-in-healthcare-settings

**Use of masks or respirators for source control (ASYMPTOMATIC patients or staff)**
Ending Secretary of Health order removes the requirement for universal masking at a healthcare facility. Every facility should develop its own set of policies and procedures related to masking and use of any other PPE equipment, based on the epidemiologic situation and the risk based on the presence of vulnerable populations they serve.

**General principles:**
In recognition of the fact that respiratory pathogens, including COVID-19, can spread from asymptomatic individuals, and in keeping with the current CDC and DOH recommendations, it is RECOMMENDED that masking of patients and staff in healthcare be continued for patient-facing encounters, with each facility assessing the community risk and the populations served as the guide.

A patient-facing encounter is defined as any encounter between a healthcare provider or healthcare staff and an individual who is present in a healthcare setting for the purposes of receiving healthcare (a patient presenting for a follow up visit in a clinic, a sick pediatric patient in the ED, an adult admitted for pyelonephritis, etc.) or if an individual non-patient is present where such care is being provided (a family member accompanying an elderly person or a child, a family advocate present in a patient's room, etc.).

No policy should prohibit or penalize an individual for choosing to mask in all patient care or non-patient care settings. Those desiring to continue masking at all times should feel supported in their decision.

Respecting the individual's autonomy, those choosing to not mask against a facility policy and without a permitted allowance or legally covered reason should not be automatically refused care, absent a valid requirement (outbreak, blatant risk to others, an applicable law, etc.). They should be explained the facility reasoning and any consequences for not masking, as applicable to the facility, and asked to mask. Staff which faces patients who choose to not mask in spite of this recommendation (or any applicable facility policy), could further mitigate their risk by wearing a fitted respirator and a shield. This approach could also serve as an alternative to refusing patient care or as means of de-escalating the situation.

Any person choosing or unable to mask for federally-protected or medical reasons should be accommodated, incorporating steps to minimize risk to others, including staff and medically vulnerable individuals (separate entry, use or respirators by staff, well-ventilated rooms, use of air purifiers, separate isolation rooms, etc.).

Once again, L&I states, among other things, that at minimum: "Masks as source control protect others from the wearer's respiratory secretions. (…) Wear a mask when there is anticipated splash or spray of blood, body fluids, secretions or excretions to a HCP's mouth or nose. This could include when placing a catheter, or when caring for a coughing patient." L&I expectations and requirements for the use of PPE in healthcare, including masks and respirators, are included here: https://www.lni.wa.gov/safety-health/safety-topics/topics/standard-precautions-in-healthcare-settings

**Outpatient setting:**
It is RECOMMENDED that healthcare professionals, staff and patients continue to mask for patient-facing encounters, whenever safe and possible.
It is considered particularly more beneficial to mask whenever facing, evaluating or treating patients who are at increased risk for severe complications from COVID-19 or other respiratory diseases (older age, immunocompromised, with chronic medical conditions, etc.). A full list of such high-risk underlying conditions is summarized by the CDC here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

In terms of settings at the greatest risk for respiratory pathogens spread and consequences, it is considered particularly beneficial to continue patient-facing encounter masking of patients and staff in the Emergency Departments (or similar acute settings where it can prove more challenging to control airborne spread), by EMS staff, at places where immunocompromised patients could be present (outpatient I.V. therapy centers, oncology centers), at outpatient elderly group settings, physical therapy locations serving high-risk patients, etc.), and when aerosol generating procedures (AGPs) occur.

**Inpatient setting:**
It is RECOMMENDED that healthcare professionals, staff and patients continue masking for patient-facing encounters in inpatient setting, whenever safe and possible.

Here again, the masking intervention will be most meaningful if adhered to in places with the greatest risk for respiratory pathogens consequences. It is considered particularly beneficial to continue patient-facing encounter masking of staff and patients on all adult medicine floors, oncology units, ICU floors, where immunocompromised patients could be expected, at long-term facilities, adult homes, assisted living facilities, and similar settings, and when aerosol generating procedures (AGPs) occur. The benefit of masking also increases with increased community pathogens activity.

Consequently, facilities or their staff can choose to continue masking at all times, which carries a potential for reduced staff-to-staff transmission, reduced absenteeism, mitigation of staffing shortages and outbreaks reduction. Facilities should pursue developing policies which could trigger universal masking during respiratory pathogens epidemics (flu season, rising community pathogen spread, Eastern WA COVID-19 community hospitalizations >5% of all admissions, when inpatient ICU or hospital beds increase over 90%, and other similar examples).

**Use of masking and other interventions for staff with certain conditions or healthcare accommodations**
As during the pre-pandemic era, healthcare facilities are encouraged to develop policies and procedures addressing specific situations where masking could still be appropriate. For example, if healthcare staff are not up-to-date on required vaccines (typically influenza or COVID-19), continued masking could be appropriate and consistent with previous approaches during respiratory pathogen epidemics (flu season, ongoing COVID-19 community spread, rising community hospitalization rates, etc.). For individuals with masking contraindications, alternate policy approaches including caregiver masking, ventilations, outdoor activities could be used, etc.