



## **Frequently Asked Questions in Response to The Joint Commission's Position Statement on Use of Face Masks Brought from Home**

### ***Why did The Joint Commission feel it was necessary to develop this position statement?***

The Joint Commission's Office of Quality and Patient Safety has received numerous complaints from health care workers about inadequate personal protective equipment (PPE). For example, staff have reported:

- Lack of N95 masks for performing aerosolizing procedures
- Having to wear a surgical mask for a prolonged period (up to a week)
- Not being allowed to wear a mask when exposed to a large number of patients who could have COVID-19 (i.e., concerns about caring for asymptomatic and minimally symptomatic when COVID-19 is prevalent)
- Working without routinely wearing masks even after an outbreak occurred among the medical staff from an infected physician

The American College of Emergency Physicians and the American College of Physicians also shared similar concerns voiced by their members. We also have received reports of hospitals citing nonexistent Joint Commission standards to prevent staff from bringing their own PPE to work in shortage situations.

### ***Is The Joint Commission advocating for routine use of N95 masks?***

No. Hospitals must conserve N95 respirators as much as possible to protect staff who perform high-risk procedures that aerosolize viral particles. However, there are reports of hospitals not having enough N95 masks for all procedures that aerosolize viral particles. Such procedures include bronchoscopy, endotracheal intubation, positive pressure ventilation (BiPAP and CPAP), nebulizer treatment, sputum induction, airway suction, high frequency oscillatory ventilation, chest physiotherapy, and bronchoscopy. If a hospital cannot provide N95 masks for staff performing these procedures or working in the immediate vicinity, staff should be allowed to bring in their own masks.

### ***The statement says The Joint Commission supports allowing staff to bring their own masks or respirators to wear at work when their health care organizations cannot provide them with adequate protection commensurate with the risk of infection to which they are exposed by the nature of their work. What does this mean?***

Hospitals should be allowed to restrict staff from bringing in their own PPE if what they want to bring in is not justified by the person's level of risk of exposure to the SARS-CoV-2 virus. An engineer working in the basement of a hospital or someone working in food services has very low risk of work-related exposure, and it would be appropriate to prohibit these individuals from wearing masks. It also would be appropriate for a hospital to prohibit the routine use of N95 masks for personnel working in an area with no exposure to aerosolized viral particles. In contrast, if a hospital cannot provide N95 masks for staff who perform aerosolizing procedures or who work in close proximity to where aerosolizing procedures are done (e.g., emergency endotracheal intubation or nebulizer treatments in emergency departments), then the hospital should allow staff to bring in an N95 mask instead of just wearing a standard mask.