

Statement on Universal Masking of Staff, Patients, and Visitors in Health Care Settings

April 23, 2020

On April 13, 2020, the U.S. Centers for Disease Control and Prevention revised its [infection prevention and control recommendations](#) related to COVID-19. To address [asymptomatic and pre-symptomatic transmission](#), CDC recommended that healthcare facilities “...implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms...” Source control involves having people wear a cloth face covering or facemask over their mouth and nose to contain their respiratory secretions and thus reduce the dispersion of droplets from an infected individual. This will decrease the possibility that anyone with unrecognized COVID-19 infection will expose others and will allow organizations to forgo contact tracing if a case is identified. For source control to be effective, it requires that everyone wear a mask within healthcare buildings to [prevent droplet and \(to a lesser degree\) aerosol spread](#) of respiratory viruses such as COVID-19.

The Joint Commission supports the CDC’s recommendations. The Joint Commission believes that universal masking within healthcare settings is a critical tool to protect staff and patients from being infected by asymptomatic and presymptomatic individuals and should be implemented in any community where coronavirus is occurring. Even a single case of community spread of COVID-19 means that healthcare facilities and staff are at risk because other asymptomatic and presymptomatic patients may come in for care and inadvertently infect staff. This document summarizes key steps and provides materials that may be helpful in implementing this recommendation.

Patients and Visitors

All patients and visitors should be instructed to wear a cloth mask when entering any healthcare building. If they arrive without a cloth mask, one should be provided. If there is a sufficient supply of medical grade facemasks one may be provided instead of a cloth mask. In accordance with CDC recommendations, facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) who are not wearing a mask enter the room. If available, organizations should consider switching patients with respiratory symptoms (e.g., cough or sneeze), including patients with confirmed COVID-19, to a medical grade facemask.

Healthcare Personnel

Facility workers should [wear at least a cloth mask](#) when leaving their home, per CDC recommendations. When providing direct patient care to any patient they should don a “medical grade” (official PPE) facemask or respirator depending on the care provided. The CDC says, “Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown.” **Healthcare personnel who provide support services but do not provide direct patient care should also wear a facemask, but in order to conserve supplies the facemask can be cloth.** Outbreaks of COVID have occurred among healthcare personnel who provide support services.

Masks may be removed when social distancing of at least 6 feet is possible (e.g., after entering a private office). In order to ensure staff can take off their masks for meals and breaks, scheduling and location for meals and breaks should ensure the at least a 6-foot distance can be maintained between staff when staff needs to remove their mask.

It is important for healthcare facilities to emphasize that hand hygiene is essential to maintaining employee safety, even if staff are wearing masks. If the facemask is touched, adjusted or removed, hand hygiene should be performed.

To assist with rapid implementation, we are providing two items which organizations may find helpful. The first is signage that could be posted at entrances to your facility (see attached posters) and an infographic (see attached) that can be used to explain do's and don'ts of wearing a face mask that can be used to educate patients, visitors and staff.

Organizations have done an excellent job communicating policies regarding prior interventions to stop the spread of coronavirus. We encourage organizations to use similar processes to remind patients and visitors that they should be wearing a facemask when they arrive and provide links to [CDC resources for making their own sewn or non-sewn masks](#) with materials that are commonly available.

STOP THE SPREAD OF CORONAVIRUS

Wear a mask when you leave home!

- Help protect our healthcare workers by wearing a mask in our building, just as you would anywhere outside your home.
- To help conserve supplies, use cloth or homemade masks when visiting us, performing essential work or errands while also observing social distancing guidelines.



Perform Hand Hygiene when entering and leaving the facility, the patient's room, or your home.



Wash hands with soap and water or clean hands with alcohol-based sanitizer



Modified from CDC.gov

STOP THE SPREAD OF CORONAVIRUS

Wear a mask when you leave home!

- Help protect our healthcare workers by wearing a mask in our building, just as you would anywhere outside your home.
- To help conserve supplies, use cloth or homemade masks when visiting us, performing essential work or errands while also observing social distancing guidelines.



Perform Hand Hygiene when entering and leaving the facility, the patient's room, or your home.



Wash hands with soap
and water or clean
hands with alcohol-
based sanitizer



Do's and Don'ts

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

- ✗ Wear a cloth facemask as personal protective equipment (e.g., when providing direct care to a patient).
- ✗ Remove your mask unless you are at least 6 feet away from other people, this includes co-workers, visitors and patients.
- ✗ Touch the front of a used mask during use or removal.
- ✗ Wear a facemask that is soiled, damaged or hard to breathe through.
- ✗ Wear a medical facemask for aerosol generating procedures (use an N95, Elastomeric, or Powered Air Purifying Respirator for these procedures).
- ✗ 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.