PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 492 – 4-3-ALT
ALERT: Universal Masking of Healthcare Workers and Staff in Congregate Care Settings

DATE:	4/3/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**ALERT: Universal Masking of Health Care Workers and Staff in Congregate Care Settings**
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a "Health Alert": conveys the highest level of importance; warrants immediate action or attention.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Minimizing transmission of COVID-19 into and within health care facilities and congregate care facilities is critical.

- Implement universal masking of all persons (e.g., staff members) entering the facility with a surgical or isolation mask (not a respirator). If possible, symptomatic patients or residents should be masked during direct care to enhance source control.
- Facilities should continue to implement daily symptom screening for all staff and restrict visitors, including visits from non-essential ancillary therapeutic services.
- Continue to utilize recommended PPE (N-95 respirator or higher, gown, gloves, and eye protection) for confirmed COVID-19 cases.
- Implement strategies to optimize the supply of PPE and equipment.

There are an increasing number of COVID-19 cases among staff and residents of skilled nursing facilities and other congregate care settings. This is particularly concerning since congregate health care settings serve persons at highest risk for severe disease due to COVID-19. Outbreaks are occurring in these settings, despite aggressive measures to prevent the introduction of COVID-19 into facilities and transmission within facilities. To minimize the risk of transmission, the Pennsylvania Department of Health (DOH) strongly recommends the following steps in addition to current infection prevention and control strategies.

Universal Masking of HCWs and Staff —Infection Prevention and Control of COVID-19 in Congregate Care Settings:

1. **Universal Masking**
   Implement universal masking of all persons entering the facility. Prioritize mask use and implement strategies to optimize the supply of PPE and equipment.

   As the supply chain permits, continue to use recommended PPE (N-95 respirator or higher, gown, gloves, and eye protection) for confirmed COVID-19 cases and aerosol generating procedures.

   When available, HCWs should wear commercially available surgical or isolation masks (not a respirator) unless providing direct patient care to confirmed COVID-19 cases (as noted above).

   Staff members not providing direct patient care should also be masked with a commercially available surgical or isolation mask if available.

   Symptomatic patients or residents should also be masked during direct care, if possible.

   In settings where facemasks are not available, HCWs and other staff might use homemade masks; however, homemade masks are not considered PPE, since their capability to protect HCW is unknown. Nonetheless, this recommendation is being issued as a layered approach to other infection prevention and mitigation strategies to reduce transmission when the mask is worn by a symptomatic or asymptomatic person (i.e., source control; “My mask protects you; your mask protects me.”)

Universal Masking is Only One Part of a Comprehensive Strategy, Including:

2. **Daily Symptom Screening of Staff**
   All staff should be screened for fever (100F or greater) through temperature monitoring and for any respiratory symptoms, including cough, sore throat or shortness of breath, at the beginning and end of their work shift. Staff reporting any of these symptoms should be immediately sent home.

3. **Visitor Restriction**
   Adhere to strict visitor restrictions, including visits from non-essential ancillary therapeutic services (e.g., physical therapy) that can be safely suspended.

4. **SARS-CoV-2 Testing**
   Do not perform routine laboratory testing of asymptomatic staff or residents for COVID-19 (unless instructed by DOH to do so). Follow guidance in March 9 HAN regarding work exclusions after health care-associated exposures; facilities will need to make their own decisions regarding exclusion of asymptomatic HCWs based on their local epidemiology and staffing needs consistent with your crisis standards of care and emergency preparedness planning.

   Exclude symptomatic staff immediately. In facilities without active COVID-19 transmission, implement an aggressive strategy to test staff or residents with COVID-19 compatible symptoms for SARS-CoV-2. In facilities with documented on-going transmission, consult DOH for testing recommendations.

5. **Consider All Residents in Units with COVID-19 (+) Residents as Infectious**

In sub-acute care settings consider all residents on the same wing/unit/floor (hereafter referred to as unit) with a COVID-19 positive resident as infectious. Use proper PPE as described in item 8 (below).

A unit would be best defined as one where the staff are not typically shared with other areas during one shift. Recent information about COVID-19 spread in LTCF shows about half of residents testing positive for COVID-19 are not symptomatic. Spread of the virus could have been occurring long before a positive test is reported.

6. **Consider the Utility of Creating a Designated COVID-19 Unit**
   Creating a separate area of the building or a designated unit with the plan to move COVID-19 positive residents there upon diagnosis, may be an option in some facilities. If employed, this strategy must be used in conjunction with maintaining the original unit under all precautions; many residents of that unit might already be COVID-positive.

7. **Dedicate Staff for Affected Units with Confirmed COVID-19**
   Staff who have been working on a unit with a COVID-19 case are already exposed. Whenever possible, those staff should continue to work exclusively in the affected unit. If shared staff working between wings/units is unavoidable, staff should be sure to change all PPE and perform hand hygiene when moving between affected units and units believed to be unaffected. This should be limited to key staff that must cover more than one area (e.g. RNs). Dedicated staff is an important infection prevention measure and PPE optimization strategy.

8. **PPE When Providing Care to COVID-19 (+) Residents**
   Adhere to recommended PPE usage guidelines and optimization strategies to the fullest extent possible. While universal masking is recommended for all staff, when caring for a resident with COVID-19, use a filtering facepiece respirator (e.g., N95 mask) when available, especially when performing aerosol generating procedures.

9. **Bundle Tasks**
   To optimize PPE and limit exposures, consider cross-training to conserve resources and perform multiple tasks during the same patient interaction (e.g., deliver food tray and check vital signs).

10. **Dedicate Equipment**
    Dedicate mobile equipment exclusively to a unit/wing to minimize exposures and transmission throughout a facility and in between facilities.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of April 3, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.