

**Adventist HealthCare, Inc.**  
**Clinical Policy Manual**  
**COVID-19 Healthcare Worker Mask and Protective Eyewear Policy**

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**Effective Date:** 3/20

**Cross Referenced:**

**Reviewed:**

**Revised:** 3/26/20, 4/16/20, 11/19/20, 12/3/20, 12/10/20,  
12/14/20, 12/17/20, 1/7/21, 2/4/21, 2/18/21, 6/8/21

**Policy No:** AHC CP 182.0

**Origin:** IP

**Authority:** CSB

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**SCOPE:**

All AHC Entities

**PURPOSE:**

The purpose of this policy is to ensure the health and safety of employees, providers, patients and families. The COVID-19 pandemic continues to evolve and requires different preventative strategies. AHC Infection Prevention Workgroup will monitor (CDC) Centers for Disease Control and Prevention communications and other authoritative sources to make recommendations as needed.

**POLICY:**

**Face Masks**

1. AHC team members must wear a face mask (AHC-issued 3-ply mask) while onsite, including office spaces and grounds.
2. All patients must wear a face mask (as determined by AHC) throughout their hospital stay if tolerated. HCWs will educate the patient on proper use of the mask.
3. All masks must be worn safely
  - a. Masks must be worn properly, covering mouth and nose, with a snug fit.
  - b. Do not wear masks around the neck or below the nose.
  - c. Masks must be changed daily and/or when WET or SOILED.
  - d. Perform hand hygiene ALWAYS after touching a mask.
  - e. Do not eat or drink while a mask is on the face.
4. The fit of the mask used to cover the wearer's mouth and nose is a critical factor in the level of source control (preventing exposure of others) and level of the wearer's exposure to infectious particles.
  - a. Check mask fit: Check for gaps by cupping your hands around the outside edges of the mask. Make sure no air is flowing from the area near your eyes or from the sides of the mask. If the mask has a good fit, you will feel warm air come through the front of the mask and may be able to see the mask material move in and out with each breath.

The CDC provides guidance on improving mask fit for HCWs including:

- a. Knotting and Tucking:
  - i. Knot the ear loops of a 3-ply face mask where they join the edge of the mask
  - ii. Fold and tuck the unneeded material under the edges.
  - iii. For video instructions, see: <https://youtu.be/UANi8Cc71A0>**external icon**

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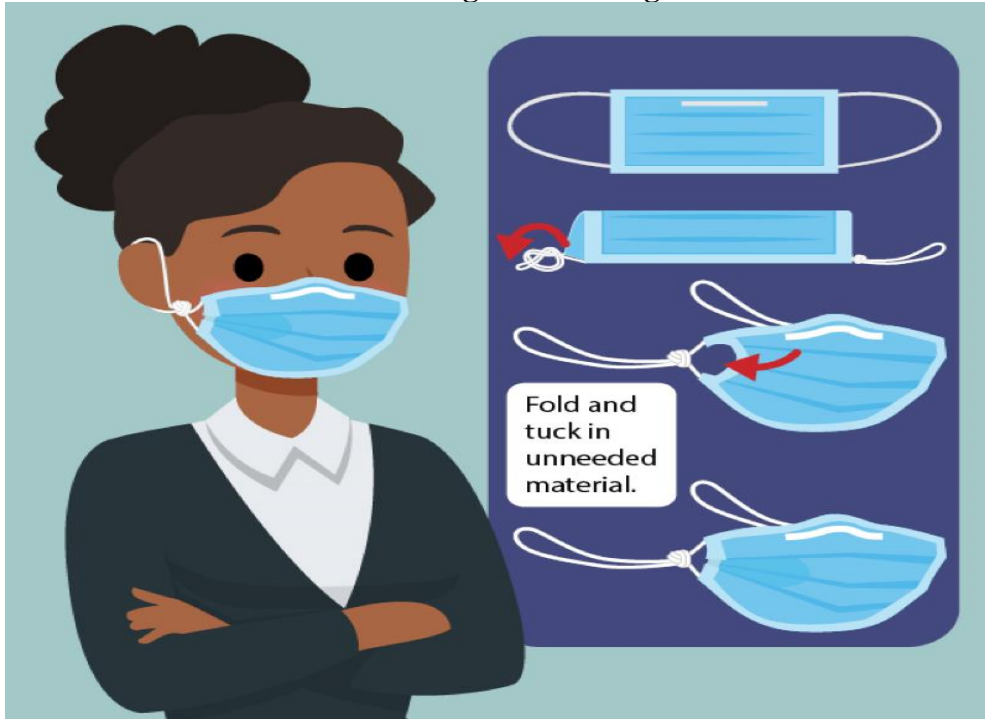
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**Knotting and Tucking**



## How to tighten your surgical mask

**STEP 1**



Fold mask in half

**STEP 2**



Make knot on ear loop close to mask edge

**STEP 3**



Push holes on side under knot inwards

**STEP 4**



Press nose wire, and pull mask under chin

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### **Respirators**

1. When entering a patient space with isolation precautions, HCWs will remove the face mask and comply with PPE precautions for isolation. PPE includes: a gown, gloves, an N-95 or Elastomeric respirator mask, and protective eyewear. A face mask should be placed over the respirator mask to protect it.
2. Respirators with exhalation valves protect the wearer from the virus that causes COVID-19, but may not prevent the virus spreading from the wearer to others (that is, they may not be effective for source control).
  - a. Wear a respirator without an exhalation valve when both source control and respiratory protection are required.
  - b. If only a respirator with an exhalation valve is available and source control is needed, cover the exhalation valve with a surgical mask or procedure mask that does not interfere with the respirator fit.
3. Respirator functionality and fit become compromised with the use of any device (bandage, gauze, nose strips, etc.) to address skin integrity issues. If unable to wear the respirator, consult with Occupational Health to determine alternatives and fit testing.
4. Respirator masks are not to be worn outside of a COVID-19/PUI patient space, except those locations that require airborne isolation to support aerosol-generating procedures.

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Respirators must be removed during the doffing process and should be replaced with an AHC-issued 3-ply mask.

5. AHC team members must adhere to the AHC process for allocation of Elastomeric respirators, including fit testing, education and maintenance.
6. Respirators must be stored in a clean, non-contaminated location in a manner that does not distort the facepiece or straps. Respirators need to be thoroughly air dried prior to storage.

**Protective Eyewear**

1. AHC-approved protective eyewear, including face shields or goggles, must be worn for the duration of all patient interactions.
2. Proper use and handling of protective eyewear and face shields are essential to their effectiveness. Protective eyewear must be cleaned:
  - a. with hydrogen peroxide wipes (follow manufacturer suggestions on cleaning for reuse if provided).
  - b. any time it becomes wet or soiled.
  - c. after exiting an isolation room.
3. Safely store protective eyewear in a paper bag, with name and unit, when not in use.
4. The use of non-AHC-approved PPE is forbidden.

**GRAY BOX AREA**

**ACS:** AHC-approved protective eyewear, including face shields or goggles, must be

- a. worn in all clinical settings.
- b. worn in common or non-clinical settings when social distancing of six feet cannot be maintained.

**Behavioral Health:** In behavioral health settings, protective eyewear will be worn when the healthcare worker or provider deems it clinically appropriate. If a patient cannot tolerate a facemask, the HCW must wear protective eyewear throughout the encounter.

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