COVID-19

Student Experience

Educational Packet

Welcome to Student Experiences 2024!

Please review the information in this packet. The educational requirements for students are evaluated on an ongoing basis. Any additions or changes in the educational requirements due to the evaluation process will be sent to the program coordinator or to the individual students with internships.

1. COVID-19 Interim Mask Policy.
Instructors and students will abide by the current policy regarding the wearing of a mask and appropriate PPE upon entrance and during the clinical experience at the healthcare facility. If non-compliant, the instructor will be notified, and the student's clinical privileges will be terminated. (Please refer to the COVID-19 Interim mask protocol section of this packet for the current policy at each Aultman location)

2. Screening Procedures
All students who enter Aultman facilities must comply with infection prevention strategies to help protect our campus. The following enhanced infection prevention strategies have been implemented.

- Students must self-screen. Signage is available upon entrance for review. Students and instructors should not enter the facility if they have any COVID-19 symptoms listed on the screening sign.
- Continue to practice good cleaning and hand hygiene

3. COVID-19 Positive Students
The Aultman Hospital Covid monitoring team follows the CDC guidelines for healthcare workers. Students must meet the below minimum requirements to return to an Aultman facility.

- We currently advise that students are off a minimum of 5 days from symptom onset. (Initial symptom date is considered day zero) and may return after day 5 if they have symptom improvement AND fever free for 24 hours. They must wear a mask until 10 days have passed since symptom onset (symptom onset day counts as day zero).
  -OR-
  Have a *proctored* rapid test or lab send-out test **after a minimum of at least 24 hours of symptoms before the test**, with a negative result, symptom improvement, and fever free for 24 hours prior to return.
  -OR-
  Alternate diagnosis from physician/PCP and follow protocol for the illness diagnosis.

- If there are any concerns, please reach out to your jurisdictional health department for further guidance.

4. **Aultman Hospital visitation restrictions are as follows**:
    Effective March 22, 2022, Aultman will make changes to the current visitation:
    Visitation will return to pre-covid policies Visitation hours

    - At Aultman Hospital, visitation will be permitted 24/7.
    - At Aultman Alliance, visitation will be permitted 24/7.
    - At Aultman Orrville, visitation will be permitted 24/7.
    - At Aultman Woodlawn, visitation will be permitted 24/7
    - At Aultman Specialty Hospital patients, visitation will be permitted from
    - 9 a.m. – to 9 p.m.
    - Visitors to patients who are COVID+ must follow safety guidelines specific to those units.
    - Volunteer and pet visitation will also return to normal.
    - Please note that visitation policies may change at any time if community spread, hospitalization rates, or death rates increase. We will notify you if the policies change.

5. **Instructions for obtaining clinical student PPE:**
    All patient caregivers are required to wear a Surgical Mask. Eye protection is only required during patient interaction or if you are with someone that cannot tolerate a mask. When the patient is not masked, all others should be masked. Caregivers should encourage patients to wear a mask when they enter their rooms.

    - Additional PPE such as gown, gloves, etc. should be used as required per Standard Precautions.
    - Healthcare professionals (HCP) should always wear a mask while they are in the healthcare facility.

    Instructions for obtaining PPE at Aultman Main
    1. Upon arrival to the unit for clinical experience, the appropriate PPE (mask & goggles/face shield) will be distributed to the instructor and students.
    2. Masks will be available on each unit. Eye protection will be located in the student WOW area. The WOWs are located on the 2nd floor of the Bedford building just past Cardiovascular Consultants (on your right). Go through the double doors and the room is on your right. The room number is A2 - 626. The room is badge access only. If more eye protection is needed, it will be available on each unit.
    3. When the clinical is completed, return the goggles in a bag to A2-626.
    4. Discard the mask at the end of the shift.

    Please address additional questions to:

    - 0700 – 1600 Monday through Friday
      - Cindy Sponseller 39207
      - Candys Rock 34818
      - Tyler Reichman 37465
    - Off shifts, weekends, and holidays:
      - Off-shift Administrators (OSA) 39719

Instructions for obtaining PPE at Aultman Alliance

1. Upon arrival to the unit for clinical experience, the appropriate PPE (mask & goggles/face shield) will be distributed to the instructor and students.
2. Surgical masks will be available on each unit for standard patient care use.
3. Discard the mask at the end of the shift.

Please address additional questions to:

- Nursing Supervisor 330-596-6861

Instructions for obtaining PPE at Aultman Orrville

1. Upon arrival to unit for clinical experience, the appropriate PPE (mask & goggles/face shield) will be distributed to the instructor and students.
2. Surgical masks will be available on each unit for standard patient care use. Specialty PPE for isolation will be located in the isolation carts on each unit.
3. Discard the mask at the end of the shift.

Please address additional questions to:

- 0700 – 1600 Monday through Friday
  o Unit Manager or Infection Control
- Off-shift/Weekends
  o Off-shift Coordinator

6. **Fit Testing**
    Students who will be caring for patients diagnosed with COVID-19 or patients under investigation for COVID-19 are required to be fit tested. Please see the below instructions for fit testing at each Aultman location.

    1. Students desiring to care for patients diagnosed with COVID-19 or patients under investigation at Aultman Hospital, Aultman Orrville Hospital, and Aultman Woodlawn will be required to be fit tested through their school program or at Aultman Main Hospital. Fit testing will be performed in the discharge lounge for a $40 fee paid by the student. Students can expect to receive a bill by mail after testing. Students can park in the parking deck and enter through the 7th street lobby. Students should email fittesting@aultman.com to confirm open hours and for answers to general questions. A respiratory OSHA questionnaire form for each student desiring this experience will be required This form should be filled out and emailed to fittesting@aultman.com prior to the fit testing appointment. This form can be found on the student experiences website at Students at Aultman Hospital » Aultman under the clinical and internship tabs**.**

    2. Students desiring to care for patients diagnosed with COVID-19 or patients under investigation at Aultman Alliance Hospital will be fit tested through Aultman Alliance. A respiratory OSHA questionnaire form for each student desiring this experience will be required. This form should be filled out and emailed to melissa.hooper@aultman.com prior to the fit testing appointment. This form can be found on the student experiences website Students at Aultman Hospital » Aultman under the clinical and internship tabs.

COVID 19 Interim Mask Protocol

AULTMAN	
TITLE: COVID-19 Interim Mask Protocol	**ORIGINAL EFFECTIVE DATE:** 05/21/2020
	REVISION DATE: 10/17/2022 11:

*(**This policy rescinds any previous publication covering the same material**)*

I. **Policy:** Aultman colleagues will use CDC, ODH, and public health emergency practices to reduce the risk of staff exposures to COVID-19 and evaluate the need to conserve personal protective equipment (PPE) masks in a public health emergency. Colleagues are expected to comply with the COVID-19 Interim Mask Protocol while in any Aultman facility.

While, this practice is outside the normal recommended standard, in the interest of colleague safety this deviation from the standard policy is warranted. This policy continues to comply with the guidance and advice from CDC, ODH, and public health emergency practices. Due to the evolving situation, these guidelines may be periodically refined and revised.

Colleagues will continue to follow the "Isolation Protocol" Policy related to complete Personal Protective Equipment (PPE) that is required for isolation orders. This document addresses only the use of facemasks and eye protection. Isolation Protocol

The CMS Vaccine Mandate requires Enhanced Risk Mitigation Requirements for all Eligible Workers who have received an exemption. Regardless of where persons work, or where a meeting is located (onsite or offsite), persons who have received an approved exemption must continue to wear a mask (a surgical mask at a minimum) and follow all requirements listed in the approved exemption letter.

II. **Purpose:** To provide guidance in determining the type of facemask and eye protection to be worn while in each work setting to reduce the risk of colleague exposures to COVID-19 and to conserve facemasks and eye protection.

III. **Definitions:**

Colleagues: In this document, refers to employed staff, contracted staff, students, and providers

Community Transmission Level: refers to measures of the presence and spread of SARS-CoV-2.

This is a calculation of the number new COVID-19 cases per 100,000 persons in the last 7 days and percent of SARS-CoV-2 diagnostic nucleic acid amplification tests (NAATs) in the last 7 days that were positive.

Healthcare Setting or Healthcare Facility: Aultman locations where healthcare is provided or solicited, including Home Health.

Acute Care Hospital Setting: Aultman Hospital, Aultman Orrville Hospital, Aultman Alliance Community Hospital, Aultman Specialty Hospital where acute care services are provided.

Aultman Woodlawn (Inpatient Rehabilitation, Home Health), Aultman Hospice, Palliative Care and Compassionate Care Center.

Outpatient Healthcare Settings: Areas where healthcare services are provided outside of acute care hospital setting

Source Control: refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

Mask Types:

- **Cloth Mask**
    - o A loose-fitting mask made of cloth. o Not considered a form of PPE. o Must be laundered daily at home.
    - o Bandanas are not included at this time.
- **Dust Mask**
    - o Loose-fitting, light weight mask designed to prevent large particles from entering wearer's mouth and nose. o Not considered a form of PPE in the Isolation Protocol Policy.

- **Surgical Mask**
  - A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment.
  - Minimum of masks rating ASTM Level 1
- **N95 Respirator Mask**
  - Provides a very close facial fit and very efficient filtration of airborne particles. o The N95 respirator blocks at least 95% of very small test particles.

IV. **Procedure**

A. Mask usage for source control will be based on the most current CDC guidance using the Community Transmission level and will be reviewed periodically to assist with revisions based on current guidance and transmission level

B. Masks are available at entry points if needed. Proper mask use includes the following:
  1. Perform hand hygiene and apply mask by covering both nose and mouth. 2. Perform hand hygiene after touching the mask. Hand Hygiene   3. Obtain a new mask if the mask becomes damp or soiled.

C. Masks are stocked in each area. Contact supervisor or director for assistance in obtaining masks as needed.

D. Facemask or face coverings are contraindicated for:
  1. Children under the age of two (2).
  2. Anyone who has trouble breathing.
  3. Anyone who is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

E. **COVID-19 Community Transmission Level:**
  1. **HIGH COVID-19 Community transmission level for healthcare settings or healthcare facility:**
      a. Source control is required for everyone.
      b. When the colleague interacts with or provides patient care, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.
      i. Mask the patient during transport
      ii. Instruct, encourage, and/or assist patient to apply mask as when anyone (visitor, clergy, etc.) is in the room.
          c. If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.

2. **LOW, MODERATE, or SUBSTANTIAL COVID-19 Community transmission level:**

a. Source control is <u>required</u> as below for **ACUTE CARE HOSPITAL AND POST-ACUTE CARE SETTINGS.**

    i.   Masks are optional in public spaces for colleagues, patients, and visitors.

    ii.   Masks are required by colleagues upon entry to any patient room or providing direct patient care within 6 feet of a patient within the acute hospital care setting.

    iii.   When the colleague interacts with or provides care to a symptomatic, exposed, or patient requiring Droplet or Airborne isolation, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.

        a.) Mask the patient during transport

        b.) Instruct, encourage, and/or assist patient to apply mask as needed when anyone (visitor, clergy, etc.) is in the room.

        c.) If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.

    iv. Mask usage is encouraged for visitors having direct contact with patients, unless masking is otherwise required for isolation precautions.

b. Source control is encouraged but <u>optional</u> for patients, visitors, and colleagues in

OUTPATIENT HEALTHCARE SETTINGS. V. **Procedure for unvaccinated colleagues:**

A. Unvaccinated colleagues who have received an approved COVID vaccine exemption shall continue to wear a surgical mask, at a minimum, and follow all requirements listed in their approved exemption notification. [Aultman COVID19 Vaccination Policy](#)

B. The above guidance may require re-evaluation based on community transmission level of COVID-19 and local, state, and CDC guidance.

VI. **Mask Use**

A. CDC recommends wearing masks made of multiple layers that properly fit over the nose, mouth, and chin to prevent leaks.

B. **IF COVID-19 Community Transmission level is HIGH** please refer to Attachment A: Mask Selection During High COVID-19 Community Transmission Level for appropriate mask selection.

C. **Surgical Mask**

   1. **When used for source control upon entry to a patient room or providing direct care within 6 feet of a patient:**

a. Perform hand hygiene before applying mask. Hand Hygiene
b. Wear a new surgical mask for each shift.
c. The same surgical mask may be worn throughout the entire shift.
d. A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.
e. Wear the mask appropriately, covering the nose and mouth.
f. Take caution to not touch the mask and perform hand hygiene immediately if there is a need to adjust the mask.
g. Use ear loops to remove the mask and do not touch the front of the mask.
h. Discard the mask after use or at the end of the shift.
i. Perform hand hygiene following mask removal.

2. Masks used during the care of a patient as personal protective equipment (PPE) for Droplet or Standard Precautions will be discarded at the end of each patient encounter.

a. Discard mask and perform hand hygiene following mask removal.
b. Obtain a new mask for source control.
c. Apply and perform hand hygiene.

D. **N95 Respirator Use:** Refer to Respiratory Exposure Control Plan Respiratory

Protection Program

1. **If chosen to wear for source control:**

a. During times of high transmission of COVID-19, N95 use may be considered for additional source control.
b. N95s when used for the purpose of source control may be worn throughout the entire shift.
      i. A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.

2. **Use as PPE:**

a. N95s used in the care of a patient as personal protective equipment (PPE) for Airborne precautions or for Standard precautions.
b. CDC recommends N95 be additionally used when performing an aerosol generating procedure in patients with known or suspected respiratory illness requiring droplet precautions.
c. N95s will be discarded after each patient encounter.
      i. During times of high transmission of COVID-19, the use of N95 masks will be evaluated for current supply and potential acquisition. Re-use or extended use processes may be implemented as part of a contingency or crisis management plan.

d. Perform hand hygiene before applying mask.

e. Select only an N95 mask for which the fit testing has been successfully completed.

f. Prior to use, the colleague will perform a seal check to verify proper seal on face to provide optimal protection.

g. Discard N95 at the end of patient encounter. Do not maintain for future use.

   i. Colleagues will be notified of re-use or extended use plans necessary due to evaluation above.

h. Perform hand hygiene following mask removal.

i. Obtain a new mask for source control. Apply and perform hand hygiene.

E. **Clear Mask**

1. Clear masks are available if needed for communicating with an individual who is hearing impaired or has another disability where the ability to see the mouth is essential for communication.

2. Clear masks should not be used in situations requiring isolation precautions. Alternative communication methods are available and should be used in these situations.

3. Clear masks can be ordered through the warehouse.

VII. **Eye Protection**

A. Eye protection prevents exposure for the colleague from splashes and sprays of infectious material from others**.**

B. Eye protection is required for Transmission-based Droplet or Airborne Precautions.

C. Eye protection is recommended for direct patient care when COVID-19 Community Transmission is HIGH.

   1. Information on current community transmission level for COVID-19 is available on CDC COVID Data Tracker website. The link to this information is included in the sources.

D. Eye protection must be used if needed for Standard Precautions.

E. Eye protection may additionally be used if wanted by the HCP.

F. Types of Eye Protection.

1. Face shield with foam is person specific.

2. Goggles or safety glasses can be used for multiple staff when cleaned after use.

G. Clean and disinfect eye protection when:

1. Soiled or contaminated,

2. Eye protection is removed,

3. After use upon exiting an isolation room

H. Use hospital approved EPA registered disinfectants wipes or solutions for cleaning and disinfecting eye protection. Some products may include:

1. PDI AF3 (gray top) or PDI Prime (raspberry top) wipes

2. Bleach wipes
3. Virex Plus Spray

I. Cleaning and Disinfecting Procedure:
   1. Perform hand hygiene
   2. Apply gloves
   3. Remove eye protection
   4. If visible soil or contamination is present, clean goggles or face shield prior to disinfection. This may be completed by:
      a. Use of one disinfectant wipe or spray on disposable towel to remove soil or contamination (this is separate from disinfection)
      b. Use of soap and water
   5. Disinfect goggles or face shield with approved product.
   6. Allow disinfectant to remain wet on surface goggles or face shield according to the product-specific recommended contact (kill) time (Follow disinfectant product instructions for use.)
   7. Allow to dry
   8. If film residue is present, wipe with an alcohol wipe to remove
   9. Remove gloves and cleanse hands
   10. If not personal goggles, place clean goggles in a clean basin for use by next healthcare provide.
   11. Retain personal face shield for re-use
   12. After cleaning and disinfecting eye protection, an anti-fog wipe can be used to prevent fogging
   13. Perform hand hygiene

VIII. **Compliance**

   A. In addition to following this guide, colleagues will continue to self-monitor for COVID-19 symptoms prior to their scheduled shift. If a colleague displays any symptoms of COVID-19, he/she is to follow entity specific procedures for notifying Employee or Colleague Health Services.
   B. Colleagues are expected to comply with the COVID-19 Interim Mask Protocol. If noncompliant, the individual will be required to correct the violation immediately. Any noncompliance will be escalated to leadership and addressed through the respective disciplinary process outlined in the Employee Handbook or the Medical Staff process.

Source:

CDC Coronavirus Disease 2019 (COVID-19) Clinical Questions about COVID-19: Questions and Answers Accessed: 10.13.2022

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesmenthcp.html Accessed: 10.13.2022

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the

Coronavirus Disease 2019 (COVID-19) Pandemic Updated September 23, 2022
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Accessed 10.13.2022

COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#datatracker-home Accessed;
10.13.2022

Center for Disease Control: Stay Up to Date on Your COVID-19 Vaccines, updated October 4,

2022

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:cdc%20up%20to%20date%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY22 Accessed
10.13.2022

AULTMAN ORRVILLE HOSPITAL	
TITLE: COVID-19 Interim Mask and Eye Protection Protocol-AOH	**ORIGINAL EFFECTIVE DATE:** Not Set
	REVISION DATE: 5 10/19/2022

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

*(**This policy rescinds any previous publication covering the same material**)*

I.   **Policy:** Aultman colleagues will use CDC, ODH, and public health emergency practices to reduce the risk of colleague exposures to COVID-19 and evaluate the need to conserve personal protective equipment (PPE) masks in a public health emergency. Healthcare personnel (HCP) are expected to comply with the COVID-19 Interim Mask and Eye Protection Protocol while in any Aultman

facility.

While, this practice is outside the normal recommended standard, in the interest of colleague safety this deviation from the standard policy is warranted. This protocol continues to comply with the guidance and advice from CDC, ODH, and public health emergency practices. Due to the evolving situation, this protocol may be periodically refined and revised.

Colleagues will continue to follow the "Isolation Precautions" Policy related to complete Personal Protective Equipment (PPE) that is required for isolation orders. This document addresses only the use of facemasks and eye protection. Isolation Precautions: Contact, Droplet, Airborne; List of Common Diseases and Precautions: AOH

The CMS Vaccine Mandate requires Enhanced Risk Mitigation Requirements for all Eligible Workers who have received an exemption. Regardless of where you work, or where a meeting is located (onsite or offsite), persons who have received an approved exemption must continue to wear a mask (a surgical mask at a minimum) and follow all requirements listed in the approved exemption letter.

II.   **Purpose:** To provide guidance in determining the type of facemask and eye protection to be worn while in each work setting to reduce the risk of employee exposures to COVID19 and to conserve facemasks and eye protection.

III. **Definitions:**

A. Colleagues: refers to employed staff, contracted staff, students, and providers

    B.   Healthcare Setting or Healthcare Facility: Aultman locations where healthcare is provided or solicited, including Home Health.

B. Community Transmission Level: refers to measures of the presence and spread of SARS-CoV-2. This is a calculation of the number new COVID-19 cases per 100,000 persons in the last 7 days and percent of SARS-CoV-2 diagnostic nucleic acid amplification tests (NAATs) in the last 7 days that were positive.

C. Acute Care Hospital Setting: Aultman Hospital, Aultman Orrville Hospital, Aultman Alliance Community Hospital, Aultman Specialty Hospital where acute care services are provided.

D. Outpatient Healthcare Settings: Areas where healthcare services are provided outside of acute care hospital setting

E. Aultman Woodlawn (Inpatient Rehabilitation, Home Health), Aultman Hospice, Palliative Care and Compassionate Care Center.

F. Source Control: refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

G. Mask Types

    1.Cloth Mask
        a. A loose-fitting mask made of cloth
        b. Not considered a form of PPE.
        c. Must be laundered daily at home.
        d. Bandanas are not included at this time.

    2.Dust Mask
        a. Loose-fitting, light weight mask designed to prevent large particles from entering wearer's mouth and nose.
        b. Not considered a form of PPE.

    3.Surgical Mask
        a. A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment.
        b. Minimum mask rating of ASTM Level 1

    4.N95 Respirator Mask
        a. Provides a very close facial fit and efficient filtration of airborne particles.
        b. The N95 blocks at least 95% of very small particles.
        c.

IV. **Procedure:**

A. Mask usage for source control will be based on the most current CDC guidance using the Community Transmission level and will be reviewed periodically to assist with revisions based on current guidance and transmission level.

B. Masks are available at entry points if needed. Proper mask use includes the following:
   1. Perform hand hygiene and apply mask by covering both nose and mouth.
   2. Perform hand hygiene after touching the mask. Hand Hygiene in Healthcare Settings: AOH
   3. Obtain a new mask if the mask becomes damp or soiled.

C. Masks are stocked in each area. Contact supervisor or director for assistance in obtaining masks as needed.

D. Face mask or face coverings are contraindicated for:
   1. Children under the age of two (2).
   2. Anyone who has trouble breathing.
   3. Anyone who is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

E. **COVID-19 Community Transmission Level:**
   1. **HIGH COVID-19 Community transmission level for healthcare settings or healthcare facility:**
      a. Source control is required for everyone.
      b. When the colleague interacts with or provides patient care, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.
         i. Mask the patient during transport
         ii. Instruct, encourage, and/or assist patient to apply mask as when anyone (visitor, clergy, etc.) is in the room.
      c. If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.
   2. **LOW, MODERATE, or SUBSTANTIAL COVID-19 Community transmission level**:
      a. Source control is required as below for ACUTE CARE HOSPITAL AND POST-ACUTE CARE SETTINGS.
         i. Masks are optional in public spaces for colleagues, patients, and visitors.

         ii. Masks are required by colleagues upon entry to any patient room or providing direct patient care within 6 feet of a patient within the acute hospital care setting.
         iii. When the colleague interacts with or provides care to a symptomatic, exposed, or patient requiring Droplet or

Airborne isolation, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.

      a.)   Mask the patient during transport

      b.)   Instruct, encourage, and/or assist patient to apply mask as needed when anyone (visitor, clergy, etc.) is in the room.

      c.)   If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.

    iv. Mask usage is encouraged for visitors having direct contact with patients unless masking is otherwise required for isolation precautions.

  b. Source control is encouraged but optional for patients, visitors, and colleagues in **OUTPATIENT HEALTHCARE SETTINGS**. V. **Procedure for all colleagues:**

A. Unvaccinated colleagues who have received an approved COVID vaccine exemption shall continue to wear a surgical mask, at a minimum, and follow all requirements listed in their approved exemption notification. [COVID-19 Mandatory](#) [Vaccination Policy: AOH](#)

B. The above guidance may require re-evaluation based on community transmission level of COVID-19 and local, state, and CDC guidance.

VI. Mask Use

A. CDC recommends wearing masks made of multiple layers that properly fit over the nose, mouth, and chin to prevent leaks.

B. **IF COVID-19 Community Transmission level is HIGH** please refer to Attachment A: Mask Selection During High COVID-19 Community Transmission Level for appropriate mask selection.

C. Surgical Mask

  1. **When used for source control upon entry to a patient room or providing direct care within 6 feet of a patient:**

    a. Perform hand hygiene before applying mask. [Hand Hygiene in Healthcare Settings: AOH](#)

    b. Wear a new surgical mask for each shift.

    c. The same surgical mask may be worn throughout the entire shift.

    d. A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.

    e. Wear the mask appropriately, covering the nose and mouth

    f. Take caution to not touch the mask and perform hand hygiene immediately if there is a need to adjust the mask.

    g. To remove the mask

      i. Use the ear loops. ii. Fold the mask so the outer surface is folded inward against itself to prevent contamination

      iii. Store in a brown paper bag kept away from water or moisture.

h.   Discard the mask at the end of the shift in the trash.

i.   Perform hand hygiene.

2.   Masks used during the care of a patient as personal protective equipment (PPE) for Droplet or Standard Precautions will be discarded at the end of each patient encounter.

a.   Discard mask and perform hand hygiene following mask removal.

b.   Obtain a new mask for source control.

c.   Apply and perform hand hygiene.

D.   N95 Respirator Use: Refer to Respiratory Exposure Control Plan [Respiratory Exposure Control Plan: AOH](#)

1.   If chosen to wear for source control:

a.   During times of substantial or high transmission of COVID-19, N95 use may be considered for additional source control.

b.   N95s when used for the purpose of source control may be worn throughout the entire shift.

i.   A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.

2.   Use as PPE:

a.   N95s used in the care of a patient as personal protective equipment (PPE) for Airborne precautions or for Standard precautions.

b.   CDC recommends N95 be additionally used when performing an aerosol generating procedure in patients with known or suspected respiratory illness requiring droplet precautions.

c.   N95s will be discarded after each patient encounter.

i.   During times of high transmission of COVID-19, the use of N95 masks will be evaluated for current supply and potential acquisition. Re-use or extended use processes may be implemented as part of a contingency or crisis management plan.

d.   Perform hand hygiene before applying mask.

e.   Select only an N95 mask for which the fit testing has been successfully completed.

f.   Prior to use, the colleague will perform a seal check to verify proper seal on face to provide optimal protection.

g.   Discard N95 at the end of patient encounter. Do not maintain for future use.

i.   Colleagues will be notified of re-use or extended use plans are necessary due to evaluation above.

h.   Perform hand hygiene following mask removal.

        i.   Obtain a new mask for source control. Apply and perform hand hygiene.

  E. Clear Mask

      1. Clear masks are available if needed for communicating with an individual who is hearing impaired or has another disability where the ability to see the mouth is essential for communication.

      2. Clear masks should not be used in situations requiring airborne isolation precautions. Alternative communication methods are available and should be used in these situations.

VII.   Eye Protection

  A. Eye protection prevents exposure for the colleague from splashes and sprays of infectious material from others.

  B. Eye protection is required for Transmission-based Droplet or Airborne Precautions.

    C.   Eye protection is recommended for direct patient care when COVID-19 Community Transmission is HIGH.

      1. Information on current community transmission level for COVID-19 is available on CDC COVID Data Tracker website. The link to this information is included in the sources.

  D. Eye protection must be used if needed for Standard Precautions

  E. Eye protection may additionally be used if wanted by the HCP.

  F. Types of Eye Protection

      1. Face shield with foam is person specific.

      2. Goggles or safety glasses can be used for multiple staff when cleaned after use.

  G. Clean and disinfect eye protection when.

      1. Soiled or contaminated,

      2. Eye protection is removed,

      3. After use upon exiting an isolation room

  H. Use hospital approved EPA registered disinfectants wipes or solutions for cleaning and disinfecting eye protection. Some products may include:

      1. PDI AF3 (gray top) or PDI Prime (raspberry top) wipes

      2. Bleach wipes

      3. Virex Plus Spray

  I. Cleaning and Disinfecting Procedure:

      1. Perform hand hygiene

      2. Apply gloves

      3. Remove eye protection

      4. If visible soil or contamination is present, clean goggles or face shield prior to disinfection. This may be completed by:

         a.   Use of one disinfectant wipe or spray on disposable towel to remove soil or contamination (this is separate from disinfection)

          b.   Use of soap and water

5. Disinfect goggles or face shield with approved product.

6. Allow disinfectant to remain wet on surface goggles or face shield according to the product-specific recommended contact (kill) time (Follow the manufacturer's instructions for use.)

7. Allow to dry.

8. If film residue is present, wipe with an alcohol wipe or PDI Easy Screen wipe to remove

9.   Remove gloves and cleanse hands

10. Place clean goggles in a clean basin for use by next shift

11. Retain personal face shield for re-use

12. After cleaning and disinfecting eye protection, an anti-fog wipe can be used to prevent fogging

13. Perform hand hygiene.

VIII.   Compliance

   A. In addition to following this guide, colleagues will continue to self-monitor for COVID-19 symptoms prior to their scheduled shift. If a colleague displays any symptoms of COVID-19, he/she is to follow entity specific procedures for notifying Employee or Colleague Health Services.

   B. Colleagues are expected to comply with the COVID-19 Interim Mask and Eye Protection Protocol while in any Aultman facility. If noncompliant, the individual will be required to correct the violation immediately. Any noncompliance will be escalated to leadership and addressed through the respective disciplinary process outlined in the Employee Handbook or the Medical Staff process.

Source:

CDC Coronavirus Disease 2019 (COVID-19) Clinical Questions about COVID-19: Questions and Answers. Accessed 10.13.2022

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2   https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesmenthcp.html Accessed: 10.13.2022

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Updated February 2, 2022

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Accessed 10.13.2022

COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#datatracker-home Accessed; 10.13.2022

Center for Disease Control: Stay Up to Date on Your COVID-19 Vaccines, updated April 2, 2022

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:cdc%20up%20to%20date%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY22
 Accessed 10.13.2022

COVID-19 Interim Mask Protocol

Effective Date: 1/21   **Current Review/Revision Date:** 10/22

Policy

Aultman colleagues will use CDC, ODH, and public health emergency practices to reduce the risk of staff exposures to COVID-19 and evaluate the need to conserve personal protective equipment (PPE) masks in a public health emergency. Colleagues are expected to comply with the COVID-19 Interim Mask Protocol while in any Aultman facility.

While, this practice is outside our normal recommended standard, in the interest of colleague safety this deviation from our standard policy is warranted. This policy continues to comply with the guidance and advice from CDC, ODH, and public health emergency practices. Due to the evolving situation, these guidelines may be periodically refined and revised.

Colleagues will continue to follow the "Isolation Precautions" Policy related to complete Personal Protective Equipment (PPE) that is required for isolation orders. This document addresses only the use of facemasks and eye protection (See *Isolation Precautions* policy).

The CMS Vaccine Mandate requires Enhanced Risk Mitigation Requirements for all Eligible Workers who have received an exemption. Regardless of where persons work, or where a meeting is located (onsite or offsite), persons who have received an approved exemption must continue to wear a mask (a surgical mask at a minimum) and follow all requirements listed in the approved exemption letter.

Purpose

To provide guidance in determining the type of facemask and eye protection to be worn while in each work setting to reduce the risk of colleague exposures to COVID-19 and to conserve facemasks and eye protection.

Definitions

Colleagues: In this document, refers to employed staff, contracted staff, students, volunteers, and providers.

Community Transmission Level: Refers to measures of the presence and spread of SARS-CoV-2. This is a calculation of the number of new COVID-19 cases per 100,000 persons in the last 7 days and percent of SARS-CoV-2 diagnostic nucleic acid amplification tests (NAATs) in the last 7 days that were positive.

Healthcare setting or Healthcare Facility: Aultman locations where healthcare is provided or solicited, including Home Health.

Acute Care Hospital Setting: Aultman Hospital, Aultman Orrville Hospital, Aultman Alliance Community Hospital, Aultman Specialty Hospital where acute care services are provided.

Aultman Woodlawn (Inpatient Rehabilitation, Home Health), Aultman Hospice, Palliative Care and Compassionate Care Center.

Outpatient Healthcare Settings: Areas where healthcare services are provided outside of acute care hospital setting.

Source Control: refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

Mask Types:

- Cloth Mask
  - A loose-fitting mask made of cloth.
  - Not considered a form of PPE.
  - Must be laundered daily at home.
  - Bandanas are not included at this time.
- Dust Mask
  - Loose-fitting, light weight mask designed to prevent large particles from entering wearer's mouth and nose.
  - Not considered a form of PPE in the Isolation Precautions Policy.
- Surgical Mask
  - A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment.
  - Minimum of masks rating ASTM Level 1
- N95 Respirator Mask
  - Provides a very close facial fit and very efficient filtration of airborne particles.
  - Mask is fit tested to verify proper seal on face to provide optimal protection.
  - The N95 respirator blocks at least 95% of very small test particles.

Procedure

A. Mask usage for source control will be based on the most current CDC guidance using the Community Transmission level and will be reviewed periodically to assist with revisions based on current guidance and transmission level

B. Masks are available at entry points if needed. Proper mask use includes the following:
   1. Perform hand hygiene and apply mask by covering both nose and mouth.
   2. Perform hand hygiene after touching the mask (See *Hand Hygiene – Health Delivery System policy).*
   3. Obtain a new mask if the mask becomes damp or soiled.

C. Masks are stocked in each area. Contact supervisor or director for assistance in obtaining masks as needed.

D. Facemask or face coverings are contraindicated for:
   1. Children under the age of two (2).
   2. Anyone who has trouble breathing.
   3. Anyone who is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

E. **COVID-19 Community Transmission Level:**
   1. **HIGH COVID-19 Community transmission level for healthcare settings or healthcare facility:**
      a. Source control is required for everyone.
      b. When the colleague interacts with or provides patient care, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.
         i. Mask the patient during transport
         ii. Instruct, encourage, and/or assist patient to apply mask as when anyone (visitor, clergy, etc.) is in the room.
      c. If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.
   2. **LOW, MODERATE, or SUBSTANTIAL COVID-19 Community transmission level:**
      a. Source control is <u>required</u> as below for **ACUTE CARE HOSPITAL AND POST-ACUTE CARE SETTINGS.**
         i. Masks are optional in public spaces for colleagues, patients, and visitors.
         ii. Masks are required by colleagues upon entry to any patient room or providing direct patient care within 6 feet of a patient within the acute hospital care setting.
         iii. When the colleague interacts with or provides care to a symptomatic, exposed, or patient requiring Droplet or Airborne isolation, the colleague should encourage and/or assist the patient as needed to apply a mask if he/she is able to tolerate.
            a.) Mask the patient during transport
            b.) Instruct, encourage, and/or assist patient to apply mask as needed when anyone (visitor, clergy, etc.) is in the room.
            c.) If the patient is unable to tolerate a mask, he/she may hold a tissue over their nose and mouth.

> iv. Mask usage is encouraged for visitors having direct contact with patients, unless masking is otherwise required for isolation precautions.
>
> 3. Source control is encouraged but <u>optional</u> for patients, visitors, and colleagues in **OUTPATIENT HEALTHCARE SETTINGS.**

Procedure for Unvaccinated Colleagues

A. Unvaccinated colleagues who have received an approved COVID vaccine exemption shall continue to wear a surgical mask, at a minimum, and follow all requirements listed in their approved exemption notification (See *COVID-19 Vaccination Policy) .*

B. The above guidance may require re-evaluation based on community transmission level of COVID-19 and local, state, and CDC guidance.

Mask Use

A. CDC recommends wearing masks made of multiple layers that properly fit over the nose, mouth, and chin to prevent leaks.

B. **IF COVID-19 Community Transmission level is HIGH** please refer to Attachment A: Mask Selection During High COVID-19 Community Transmission Level for appropriate mask selection.

C. **Surgical Mask**

1. **When used for source control upon entry to a patient room or providing direct care within 6 feet of a patient:**

   i. Perform hand hygiene before applying mask. (See *Hand Hygiene* Policy)

   a. Wear a new surgical mask for each shift.

   b. The same surgical mask may be worn throughout the entire shift.

   c. A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.

   d. Wear the mask appropriately, covering the nose and mouth.

   e. Take caution to not touch the mask and perform hand hygiene immediately if there is a need to adjust the mask.

   f. Use ear loops to remove the mask and do not touch the front of the mask.

   g. Discard the mask after use or at the end of the shift.

   h. Perform hand hygiene following mask removal.

2. Masks used during the care of a patient as personal protective equipment (PPE) for Droplet or Standard Precautions will be discarded at the end of each patient encounter.

   a. Discard mask and perform hand hygiene following mask removal.

   b. Obtain a new mask for source control.

   c. Apply and perform hand hygiene.

D. **N95 Respirator Use:** Refer to Respiratory Exposure Control Plan Respiratory Protection Program

1. **If chosen to wear for source control:**
    a. During times of high transmission of COVID-19, N95 use may be considered for additional source control.
    b. N95s when used for the purpose of source control may be worn throughout the entire shift.
        i. A new mask must be obtained if the mask has become soiled, contaminated, wet, or damaged.
2. **Use as PPE:**
    a. N95s used in the care of a patient as personal protective equipment (PPE) for Airborne precautions or for Standard precautions.
    b. CDC recommends N95 be additionally used when performing an aerosol generating procedure in patients with known or suspected respiratory illness requiring droplet precautions.
    c. N95s will be discarded after each patient encounter.
        i. During times of high transmission of COVID-19, the use of N95 masks will be evaluated for current supply and potential acquisition. Re-use or extended use processes may be implemented as part of a contingency or crisis management plan.
    d. Perform hand hygiene before applying mask.
    e. Select only an N95 mask for which the fit testing has been successfully completed.
    f. Prior to use, the colleague will perform a seal check to verify proper seal on face to provide optimal protection.
    g. Discard N95 at the end of patient encounter. Do not maintain for future use.
        i. Colleagues will be notified of re-use or extended use plans necessary due to evaluation above.
    h. Perform hand hygiene following mask removal.
    i. Obtain a new mask for source control. Apply and perform hand hygiene.

E. **Clear Mask**
    1. Clear masks are available if needed for communicating with an individual who is hearing impaired or has another disability where the ability to see the mouth is essential for communication.
    2. Clear masks should not be use in situations requiring isolation precautions. Alternative communication methods are available and should be used in these situations.
    3. Clear masks can be ordered through the warehouse.

Eye Protection

A. Eye protection prevents exposure for the colleague from splashes and sprays of infectious material from others**.**

B. Eye protection is required for Transmission-based Droplet or Airborne Precautions.

C. Eye protection is recommended for direct patient care when COVID-19 Community Transmission is HIGH.

    1. Information on current community transmission level for COVID-19 is available on CDC COVID Data Tracker website. The link to this information is included in the sources.

D. Eye protection must be used if needed for Standard Precautions.

E. Eye protection may additionally be used if wanted by the HCP.

F. Types of Eye Protection.

    1. Face shield with foam is person specific.

    2. Goggles or safety glasses can be used for multiple staff when cleaned after use.

G. Clean and disinfect eye protection when:

    1. Soiled or contaminated,

    2. Eye protection is removed,

    3. After use upon exiting an isolation room

H. Use hospital approved EPA registered disinfectants wipes or solutions for cleaning and disinfecting eye protection. Some products may include:

    1. PDI AF3 (gray top) or PDI Prime (raspberry top) wipes

    2. Bleach wipes

    3. Virex Plus Spray

I. Cleaning and Disinfecting Procedure:

    1. Perform hand hygiene

    2. Apply gloves

    3. Remove eye protection

    4. If visible soil or contamination is present, clean goggles or face shield prior to disinfection. This may be completed by:

        a. Use of one disinfectant wipe or spray on disposable towel to remove soil or contamination (this is separate from disinfection)

        b. Use of soap and water

    5. Disinfect goggles or face shield with approved product.

    6. Allow disinfectant to remain wet on surface goggles or face shield according to the product-specific recommended contact (kill) time (Follow disinfectant product instructions for use.)

    7. Allow to dry

    8. If film residue is present, wipe with an alcohol wipe to remove

    9. Remove gloves and cleanse hands

    10. If not personal goggles, place clean goggles in a clean basin for use by next healthcare provide.

11. Retain personal face shield for re-use
12. After cleaning and disinfecting eye protection, an anti-fog wipe can be used to prevent fogging
13. Perform hand hygiene

Compliance

A. In addition to following this guide, colleagues will continue to self-monitor for COVID-19 symptoms prior to their scheduled shift. If a colleague displays any symptoms of COVID-19, he/she is to follow entity specific procedures for notifying Employee or Colleague Health Services.

B. Colleagues are expected to comply with the COVID-19 Interim Mask Protocol. If noncompliant, the individual will be required to correct the violation immediately. Any noncompliance will be escalated to leadership and addressed through the respective disciplinary process outlined in the Employee Handbook or the Medical Staff process.

Source:

CDC Coronavirus Disease 2019 (COVID-19) Clinical Questions about COVID-19: Questions and Answers Accessed: 10.13.2022

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html Accessed: 10.13.2022

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Updated September 23, 2022 https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Accessed 10.13.2022

COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#datatracker-home Accessed; 10.13.2022

Center for Disease Control: Stay Up to Date on Your COVID-19 Vaccines, updated October 4, 2022

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:cdc%20up%20to%20date%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY22

Accessed 10.13.2022

Related References:

Approved by:

Billie Jo Hatton, BSN, RN

Director of Clinical Quality/Accreditation

Kelly Lily, MSN, RN, NE-BC Vice President of Patient Care Services

Dr. Lili Geng, MD

Infection Prevention Committee Chair

Ryan Jones, CEO

Related References:

Attachment A:
Mask Selection During High COVID-19 Community Transmission Level

Mask Use	Type of Mask
NOTE: Please refer to footnote for additional information.	
Colleagues who work in an office or area occupied by one person[1]	Cloth or Dust Mask when someone enters
Colleagues who work in an office or area with multiple individuals and maintain social distancing, no patient interaction[1]	Cloth or Dust Mask worn by all when anyone is moving about the office
Colleagues who work in an office or area with multiple individuals and are unable to maintain social distancing, no patient interaction[1]	Cloth or Dust Mask at all times
Colleagues who have brief non-clinical patient interaction with no direct patient contact and social distancing is maintained	Cloth or Dust Mask at all times
Colleagues performing patient care or working within six feet of a patient	Surgical Mask and Eye Protection
Colleagues caring for suspected or confirmed patients with a disease requiring airborne isolation precautions	N95 Mask, PAPR*, CAPR, or higher level and Eye Protection Additional PPE as required by Isolation Protocol

Colleagues collecting a Nasopharyngeal swab per CDC COVID Guidance	N95 Mask, PAPR*, CAPR, or higher level and Eye Protection Additional PPE as required by Isolation Protocol
Colleagues operating a vehicle with passengers	Surgical Mask All passengers must wear cloth or dust mask

Aerosol Generating Procedures:
There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.
Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:
   • open suctioning of airways
   • sputum induction
   • cardiopulmonary resuscitation (CPR)
   • endotracheal intubation and extubation
   • non-invasive ventilation (e.g., BiPAP, CPAP)
   • bronchoscopy
   • manual ventilation
   • medical or surgical postmortem procedures using oscillating bone saws
   • dental procedures involving ultrasonic scalers, high-speed dental handpieces, air or water syringes, air polishing, and air abrasion
      https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
	CDC **recommends** the following when performing AGPs on patients suspect or confirmed for a respiratory illness requiring droplet isolation precautions. The below are **required** when performing AGPs on patients with suspected or confirmed illness requiring Airborne Precautions.
	
	N95 Mask, PAPR*, CAPR, or higher level and full airborne PPE
	
	Endotracheal Intubation Extubation
	
	Intubation and Extubation Risk Stratification

NOTE: Please refer to verbiage contained in policy regarding community transmission levels of COVID-19. Exceptions to the first three categories above may be applicable for colleagues who are **up to date** with COVID19 vaccinations during **low to moderate** levels of community transmission of COVID-19.[1]

Types of Masks and Eye Protection

N95 Mask Number	Picture	Description
1860		• Used for Airborne Isolation or Standard Precautions • Requires fit testing to specific type and size
1860s		• Used for Airborne Isolation or Standard Precautions • Requires fit testing to specific type and size
1804		• Used for Airborne Isolation or Standard Precautions • Requires fit testing to specific type and size
1804s		• Used for Airborne Isolation or Standard Precautions • Requires fit testing to specific type and size
Surgical Mask		• Minimum facemask for colleagues with direct patient care • Used for standard precautions and other transmission-based isolation precautions per policy • Color and manufacturer may vary
Dust or Cloth Mask		• Not considered a form of Personnel Protective Equipment • Used by patients when not alone in room • Used by visitors while in the facility • May be used for colleagues who are not direct care providers.

Eye Protection		• Recommended for use for all direct patient care during low to moderate community transmission level of COVID-19
		• Required for all patient care during substantial to high transmission level of COVID-19
		• Prescription glasses are not a form of PPE
		• Provides protection from infectious body fluid

*At Aultman Canton to obtain PAPR call 39721.