



Health Alert



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COVID-19: Facemasks and Important Conservation Practices and Enhanced Environmental Disinfection in Congregate Living Facilities

April 3, 2020

KEY POINTS:

1. Universal masking for all staff is recommended in congregate living facilities serving vulnerable populations and in long-term care facilities.
2. Additional mitigation steps, such as aggressive hand hygiene, strict visitor policies, screening staff and residents, and adherence to sick policies, are still strongly recommended and need to be enforced.
3. Facilities need to implement strict policies on appropriate use, extended use, and re-use of masks given the significant shortage of masks.

BACKGROUND: New Centers for Disease Control and Prevention (CDC) and Illinois Department of Public Health (IDPH) guidelines recommend universal use of facemasks for staff at congregate living facilities serving vulnerable settings and in long-term care facilities. The use of facemasks can help prevent infection when caring for individuals infected with SARS-CoV2. Additionally, the use of facemasks can act as a barrier, reducing the chance of spread from an infected person to another person by droplet or contact transmission. There has been significant transmission of the virus, including those who are not yet showing symptoms (presymptomatic) in numerous congregate settings serving vulnerable populations, and thus there is importance to enhanced efforts to reduce such transmission. In addition to droplet transmission, contact transmission may play an important role in SARS-CoV2 spread. Evidence suggests that SARS-CoV2 may remain viable for hours to days on surfaces.

Chicago Department of Public Health (CDPH) recommends that universal facemasks and enhanced environmental disinfection be used by in the following settings:

- Staff working in long-term care facilities
- Staff working in congregate settings that house residents at high risk of complications for COVID-19 disease
 - e.g. jails, homeless shelters, senior living centers

CDPH recommends that surgical or FDA approved masks be prioritized for acute care healthcare settings/long term care settings/EMS or first responders delivering medical care.

Infection Prevention Guidance on Procedure/Surgical Mask Use and Re-Use

To Doff facemask with intent to reuse

1. **Perform hand hygiene**
2. Remove mask
 - a. Remove procedure mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
 - b. Remove surgical mask by untying lower ties FIRST. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
3. After removing facemask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.
4. If the facemask is NOT visibly soiled, torn, or saturated, carefully store **on a paper towel exterior side down.**
5. **Perform hand hygiene.**

To Re-Don Mask

1. **Perform hand hygiene**
2. Grasp mask
 - a. Pinch procedure mask at the ear loops or
 - b. Grasp upper ties on surgical mask
3. Place over face
 - c. For procedure mask: Secure ear loops behind the ears. Secure mask.
 - d. For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Perform hand hygiene

Extended Use / Re-Use: A disposable facemask can be worn throughout your shift if not visibly soiled, torn or saturated, and NOT touched while delivering patient care.

All facilities must implement aggressive extended and reuse strategies. CDC guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.

All facemasks should be placed in a secure and monitored site.

Use facemasks beyond the manufacturer-designated shelf life during patient care activities.

If there is no date available on the facemask label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.

Implement extended use of facemasks.

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

Implement limited re-use of facemasks.

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
 - Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
 - Facemasks with elastic ear hooks may be more suitable for re-use.
- HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

Visual Instruction on Correct Use and Storage of Facemasks (adapted from Nebraska Medicine)



Figure 1 – This image demonstrates approved wear of face mask. Facemask is shown secured over nose and mouth.



Figure 2 – This image shows the correct way to store mask when not in use. Notice the exterior of the mask is facing DOWN.



Figure 3 - This image shows the correct way to store a surgical mask when not in use. Notice the exterior of the mask is facing DOWN and ties are placed carefully away from the inside of the mask



Figure 4 – This image demonstrates inappropriate wear of the procedure mask. Procedure mask should not be pulled under mouth



Figure 5 – This image demonstrates inappropriate wear of the procedure mask. Procedure mask should not be pulled under chin



Figure 6 - This image demonstrates inappropriate use of procedure mask. Procedure mask should not be kept on the elbow when not in use



Figure 7 - This image demonstrates inappropriate wear of the surgical mask. Surgical mask should not hang from lower ties



Figure 8 – This image demonstrates the wrong way to place mask when not in use. Notice the exterior of the mask is facing up.



Figure 9 – This image demonstrates the wrong way to store surgical mask when not in use. Notice ties are incorrectly touching the interior of the mask. (see figure 3 for correct storage).

Recommendations for Enhanced Environmental Disinfection

CDPH recommends frequent environmental disinfection of surfaces frequently touched by occupants—at least three times per day or once per shift. When feasible, CDPH recommends use of a spray (no-wipe) product to facilitate application.

Common touchpoints include: door knobs and door handles, door push bars, light switches and cover plates, telephones, reception desks and reception area furniture, elevator call buttons and cover plates, refrigerator door handles, TV remote controls, microwave buttons, breakroom tables and countertops, filing cabinet handles, stair and ramp hand railings, vending machine buttons, paper towel dispensers, soap dispensers, toilet seat and urinal flush handles, restroom door partition door handles, workstation and office desk tops, drawer pulls, keyboards and mice, and office equipment. Healthcare facilities will require cleaning of additional surfaces, including but not limited to wheelchair handles, IV poles, bed rails, nightstands, and nurse call buttons.

CDPH recommends selecting a disinfectant from U.S. EPA's list of disinfectants for use against SARS-CoV2, known as the N-List, available from the EPA website at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Follow manufacturers' instructions for application and proper ventilation when using disinfectants. Dilutions should be performed according to written guidance from the manufacturer.

Ease of use, contact times, and safety (staff/patient/resident) concerns must be taken into account when selecting and using a disinfection agent. N-List products that can be sprayed, with a short contact time, (e.g. between 30 seconds and one minute as indicated on the label) and do not require wiping have potential advantages. Application of disinfectant may be facilitated by use of an industrial-style sprayer with the nozzle of the spray wand held close—6–8 inches—to the surface to which disinfectant is being applied. Some products (e.g. sodium hypochlorite or household bleach, and peracetic acid) pose increased inhalational risks, but a diluted solution of household bleach may be useful in some settings. Depending on the disinfectant, it may be appropriate for residents to leave the room for a brief period where disinfectants are being used. Pre-cleaning may be required if surfaces are visibly dirty.

Consult the manufacturer's instructions for cleaning and disinfection products used. Products should be used per manufacturer labelling, and the Safety Data Sheet for any product being used should be reviewed and readily available to employees. Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Clean hands immediately after gloves are removed. CDPH does not recommend applying disinfection products using methods other than those described on the product labeling.

REFERENCES:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpeople-at-higher-risk.html
<http://www.nebraskamed.com/sites/default/files/documents/covid-19/surgical-mask-policy-and-faq-nebraska-med.pdf>

SIREN Alert: IDPH Interim Recommendations to Reduce Transmission of SARS-CoV-2 in Congregate Living Facilities: Universal Masking and Enhanced Environmental Disinfection, March 31, 2020.