

**WSHA RECOMMENDATION ON HEALTH CARE SYSTEM POLICIES FOR UNIVERSAL MASKING**

As hospitals and health care systems resume non-urgent care, WSHA recommends that they adopt a policy on *Universal Masking* for patients and visitors. The policy described here has been reviewed by clinicians, administrators, and legal counsel for some WSHA members, and by the WSHA COVID-19 Clinician Support work group.

The first concern of WSHA members should be patient and staff safety. Public health officials currently recommend that all individuals should wear a cloth face covering over their nose and mouth when indoors, and in public settings where they can’t maintain at least 6’ of separation from others. This face covering provides some protection for others from the risk of infection by the person wearing one; it does not protect the person wearing one from infection by others. A significant proportion of people with the novel coronavirus do not show symptoms of COVID-19; cloth face coverings help prevent asymptomatic individuals from inadvertently infecting others. This recommendation does not apply to employees and other staff of hospitals and health care systems, which should adopt separate policies for screening of staff consistent with Public Health recommendations.

RECOMMENDED POLICY ON UNIVERSAL MASKING

1. **EMTALA Obligations**. Hospitals must comply with EMTALA obligations and screen and stabilize patients presenting at the Emergency Department with an emergency condition. This policy does not alter hospital responsibilities under EMTALA.
2. **Screening of Patients and Visitors**. All patients and visitors should be screened for symptoms of COVID-19 before entering the hospital or health care facility.
	1. If possible, patients and visitors should be screened telephonically prior to arriving at any hospital or health care facility.
	2. All patients and visitors should, in any event, be screened in person prior to entering the facility.
	3. Symptoms of COVID-19 include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat and new loss of taste or smell.[[1]](#footnote-1)
3. **Patients** with symptoms of COVID-19 should immediately receive a **medical facemask** before entering the facility.
	1. A child age 2 and under, and anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the face cover should not wear a mask.
	2. Masks may be clinically contraindicated for some patients, such as those with certain behavioral health diagnoses. Any patient who declines to wear a mask should be evaluated by the care team to determine if wearing a mask is clinically inappropriate. If the care team so determines, the patient should not be required to wear a mask, and alternative infection control measures should be implemented and enforced.
4. **Visitors** with symptoms of COVID-19 should be turned away and advised to consult with their health care provider or to call Public Health for evaluation. [In King County, those without a health care provider can call the COVID-19 call center between 8:00 a.m. – 7:00 p.m. at 206-477-3977. Insert location-specific contact information.] If a visitor requests treatment for a health care condition, consider the visitor to be a patient and treat the person as a patient under this policy.
5. **Universal Face Covering**. All patients and visitors who do not have symptoms of COVID-19 must wear a face covering while in the facility, except as otherwise provided in this policy.
	1. If possible, the facility should provide face coverings to patients and visitors without them. Face coverings may be cloth, or procedural masks.
		1. Facilities should follow the DOH Category Yellow PPE Conservation Strategies.
		2. If they provide face coverings, facilities should consider controlling access to avoid inadvertent depletion of supplies.
		3. If supplies permit, hospitals may choose to provide procedural masks rather than cloth face coverings.
	2. A visitor without their own face covering will not be permitted to enter the facility if the facility is unable to provide a face covering for visitor use due to supply shortages.
	3. A patient or visitor may use their own face covering, provided it completely covers the person’s nose and mouth. A face covering with a **valve** does not provide source protection, and a patient or visitor with such a face covering must replace or cover it with one that does not have a valve.
	4. If a patient or visitor declines to wear the mask, a member of the care team will immediately meet with the person to explain the reasons for the policy requiring mask use.
	5. Staff should work with the patient or visitor to try to find a mask that feels comfortable to wear. Staff should express appreciation to the patient or visitor for wearing the mask and keeping other patients, visitors and staff safe.
6. **Patients – Ambulatory Care**. An ambulatory patient should wear a medical facemask (for those with symptoms of COVID-19) or face covering (for other patients) at all times in the facility except as instructed by the clinical care team and except for patients who should not wear masks as described above in sections 2(a) and (b).
7. **Inpatients – In-Room Use**. A hospital inpatient may remove their facemask or face covering when in the patient’s room. The patient should put it on before leaving the room.
	1. A patient should wear a facemask or face covering during any transport.
	2. Patients should not wear a mask when sleeping, whether hospital staff are present or not.
8. **Exceptions**: In the interest of necessary patient care, the CMO, CNO or their delegate may authorize exceptions to the requirements of this policy. Any such exceptions should be infrequent and as limited as possible.

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1. CDC “Watch for Symptoms”, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> [↑](#footnote-ref-1)