

April 14, 2020

**TO:** Administrators in District of Columbia Licensed Skilled Nursing Facilities, Assisted Living Residences, Intermediate Care Facilities, Community Residential Facilities and Group Homes

**RE: Universal masking and use of face coverings for residents, healthcare workers (HCWs), staff and visitors in long term care facilities (LTCF)**

Dear LTCF Administrators:

We are writing to provide important updates regarding the appropriate use of respirators, medical masks and cloth face coverings in your facility in order to reduce exposure risk from asymptomatic, pre-symptomatic and symptomatic individuals infected with SARS-CoV-2, which is the virus that causes Coronavirus 2019 (COVID-19).

At this time, all LTCFs that are licensed by DC Health should implement a universal masking and face covering policy that addresses the following for anyone in their facility:

1. **All health care workers (HCWs) who are not providing aerosol generating procedures to a suspected or confirmed COVID-19 should wear a medical, surgical or procedure mask at all times.**
  - a. If a HCW already has a respirator that is being reused from another appropriate patient care activity or has been brought from home then they can continue to use it at their discretion. Facilities are still required by OSHA to comply with appropriate regulations to determine if the respirator properly fits the worker and is capable of providing the expected level of protection<sup>1</sup>.
  - b. If soiled, then the mask should be discarded and replaced.
2. **All healthcare workers who provide aerosol generating procedures (AGPs) to a resident suspected or confirmed to have COVID-19 should wear a respirator (such as an N95)**
  - a. If a respirator is not available then a medical, surgical, or procedure mask should be used instead and worn under a full face shield<sup>2</sup>.
  - b. Examples of AGPs include, but are not limited to:
    - i. Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
    - ii. High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
    - iii. Induction of sputum
    - iv. Tracheotomy/tracheostomy procedures (insertion/ open suctioning/ removal)
    - v. Open suctioning of airways
    - vi. Endotracheal intubation and extubation
    - vii. Manual ventilation
    - viii. Cardiopulmonary resuscitation
    - ix. Medication administration via continuous nebulizer

<sup>1</sup> Reference <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

<sup>2</sup> This should be in conjunction with other contact and droplet precautions, such as use of gowns and gloves and conducting the AGP in a well ventilated or high airflow room.

- c. Do not double mask (such as wearing a medical, surgical or procedure mask over a respirator) as this unnecessarily depletes the supply of both items and does not add extra protection or extend use of the respirator.
3. **All residents in the facility should wear a cloth face covering anytime an individual enters the resident's room OR if the resident leaves the room for any essential purposes.**
    - a. Note this guidance is applicable for all residents regardless of symptoms or COVID-19 status.
    - b. Cloth face coverings are recommended for resident use because medical, surgical, and procedure masks are critical supplies that must be reserved for HCWs.
    - c. Residents who are unable to wear a mask (due to difficulty breathing or other reasons) should have alternative source control options such as tissues and lined trash cans readily available.
    - d. Universal masking of HCWs will reduce exposure risk when providing care to asymptomatic or presymptomatic residents who are unable to or refuse to wear a cloth face cover<sup>2</sup>.
  4. **Additional considerations for residents who are placed in a semi-private room:**
    - a. Residents should wear a cloth face covering as much as possible when sharing a room with another resident.
    - b. Keep the room curtain or divider closed at all times.
  5. **Additional considerations for residents who have private rooms and are not exhibiting respiratory symptoms:**
    - a. Residents do not need to wear their cloth face covering while alone inside their rooms.
  6. **All healthcare facility staff who do not provide direct patient care or enter patient care areas should wear a cloth face covering at all times:**
    - a. Cloth face coverings are recommended for these personnel because medical, surgical, and procedure masks are critical supplies that must be reserved for HCWs.
    - b. Non-HCW staff who bring their own masks or respirators from home should be allowed to use them while at work but should also be reminded that purchasing these critical medical items depletes an already diminished supply chain.
  7. **Care of reusable cloth face coverings:**
    - a. Cloth face coverings that are soiled should be replaced with a clean cloth face covering and should be discarded or washed in a washing machine before being worn again.
    - b. Reusable cloth face coverings that are not soiled should be washed in a washing machine between each shift.
    - c. Reusable cloth face coverings should be able to be laundered and machine dried without damage or change to shape.
    - d. Consider having additional supplies of cloth face coverings to be able to comply with recommendations for use.
    - e. CDC has a instructions on how to make cloth face coverings:  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

8. **All visitors who are exempt from visitor restrictions should wear a cloth face covering at all times**
- a. Visitors should be instructed to only wear new or clean cloth face coverings when entering the facility.
  - b. Encourage repeat exempt visitors to bring their own cloth face coverings.
  - c. Reserve medical, surgical, procedure masks, or respirators for HCWs and refrain from providing these critical supplies to visitors. Provide cloth face coverings (homemade cloth face cover, bandana, etc.) or masks to visitors on a case-by-case basis, after assessing your facility's on-hand supplies.

In addition to universal masking and cloth face coverings, it is important that you remain vigilant about other infection control interventions that are proven to mitigate the spread of SARS-CoV-2, such as frequent hand washing, social distancing, and staying home when sick.

Please continue to visit [coronavirus.dc.gov](https://coronavirus.dc.gov) and <https://dchealth.dc.gov/page/health-notice> for the most up-to-date information about COVID-19 in our community as this is a rapidly evolving situation.

Sincerely,



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