This document outlines our current GLA policy on the use of face masks for the protection of staff and the prevention of transmission of COVID-19 disease. This policy derives from the most recent guidance from VA's national leadership (“Central Office,” attached here) and is consistent with current recommendations from the Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration (FDA). The most recent relevant documents from these organizations are linked above and referenced at the conclusion of this message.

In anticipation of greater numbers of Veterans requiring our care in the coming weeks, and consistent with the above guidance, GLA has adopted the following facemask and N95 respirator management plan that adopts conservation and crisis strategies:

a. **For non-COVID-19 zones** – employees working in our Home for Heroes (Community Living Center), domiciliary, medical-surgical inpatient wards, and inpatient Mental Health wards will receive one surgical facemask to begin each day to protect high-risk Veterans from COVID-19 exposure. Masks should be discarded and replaced when soiled and contaminated. Veteran patients entering our facilities should wear their own non-medical masks, consistent with community recommendations; if patients do not have a mask, they will be given one upon entry.

b. **For COVID-19 screening program activities** other than patient sample collection, such as screening with questions and vital signs prior to entering the facility, these employees will receive one surgical facemask to begin each day. Masks should be discarded and replaced when soiled and contaminated.

c. **For COVID-19 positive patients in medical-surgical wards** – An employee can wear the same facemask between multiple patients as long as it is not removed. Employees are encouraged to wear the facemask for as long as is feasible. Extended use is preferred, and re-use is not recommended, given the risk of self-contamination when donning and doffing, except when the surgical mask is worn with a full-face shield. Surgical masks that are worn without a full-face shield should be discarded once removed from the face. Masks should not be worn around the neck due to the risk of self-contamination. COVID-positive patients should be asked to wear a mask when feasible when an employee enters their room.

d. **For units where known COVID-positive patients are co-located with COVID-suspect and/or COVID-negative patients**, employees should remove and discard their surgical mask after seeing COVID-positive
patients and don a new mask before seeing COVID-suspect or COVID-negative patient. Upon leaving a COVID-positive environment, masks should be discarded.

e. **For COVID-19 positive and Suspected COVID-19 patients in intensive care (ICU) settings** and when performing aerosol-generating activities on suspected or confirmed COVID-19 patients anywhere in the organization—employees should wear an N95 respirator. The N95 respirator can be worn between multiple COVID-19 patients. For example, an employee conducting nasopharyngeal swabbing (sample collection) for COVID-19 testing should use the same N95 respirator between patients without removing it. Once the N95 respirator is removed, it should be placed in a bag that has been provided by GLA (brown paper bag) for decontamination and placed in the biohazard container provided for reprocessing. Please see image below on what should be written on each N95 respirator to ensure that it is returned to the original user. The N95 respirator will be returned to the original user after reprocessing by Sterile Processing Service (SPS). Employees therefore will be expected to require several N95 respirators during a typical shift. We encourage employees to wear the N95 respirator continuously for as long as feasible to conserve their use. However, after removal, the N95 respirator should not be worn around the neck or re-used unless it has been reprocessed by SPS.

![Process Photos]

**Figure 3 - Required respirator markings.**

**Important Notes:**
1. N95 respirators were designed with a single use in mind. During this crisis situation, the FDA has approved both the decontamination and re-use of N95 respirators. Based on the currently available evidence, decontaminated and reused has been shown to function effectively. However, we advise that you conduct a careful visual inspection of the mask after each sterile processing because it may not perform at the same level as advertised by the manufacturer.

2. VA Central Office, the VA Desert Pacific Healthcare Network (VISN22) and our facility are working to ensure that we procure an adequate supply of masks as our needs evolve during this pandemic crisis. Thank you for your assistance in upholding the conservation and crisis strategy.

3. **Extended use of facemasks and N95 respirators is NOT permissible in the following circumstances**
   - The facemask or N95 respirator is visibly soiled, damaged, or hard to breathe through
   - When there is risk of transmitting COVID-19 or other pathogens from one patient to another.
     **Risk of transmission of COVID-19 occurs when a provider**
     - Goes from a confirmed COVID-19 case to see a
       - Person Under Investigation (PUI)
       - Unscrened asymptomatic patient, or person with a negative test result)
     - Goes from a Person Under Investigation (PUI) to see a
       - Another Person Under Investigation (PUI)
       - Unscrened asymptomatic patient, or person with a negative test result)

4. **Once removed a surgical face mask or N95 respirator should not be put back on until, in the case of an N95 respirator, it has been decontaminated. Used facemasks should be discarded.**

References:
