

Consensus Statement for Continued Masking in Acute Care and Outpatient Clinic Settings

As of 3/24/2023

Developed by the Ad Hoc Working Group ¹on the Continuation of Masking in Healthcare Facilities Coordinated by the [Northwest Healthcare Response Network](#)

On April 3, 2023, Washington State will remove the [Secretary of Health Mask Order](#) requiring universal masking in healthcare, long-term care, and adult correctional facilities for people age 5 years and older. Healthcare organizations in our region are working together to establish an approach for continued masking in healthcare facilities in response to the end of the Mask Order. This overarching consensus statement informs each organization's individual policies and procedures related to the continued protection of employees and patients and reflects state Department of Health (DOH) recommendations.

In light of the current situation and local, state and federal guidance, as acute care and outpatient clinic healthcare facilities, our organizations will continue to require masking in patient care areas and strongly recommend or require in public spaces.

This consensus statement is predicated on the following key principles:

1. The highest priority is the health and safety of our patients and employees.
2. The recommended action is based on the best available, most recent scientific evidence. As the science around SARS-CoV-2, the virus that causes COVID-19, continues to evolve, healthcare organizations are committed to remaining current and updating our recommendation as needed, based on new findings.
3. Given the unique nature of each organization's care delivery settings, patient populations and organizational needs, each institution will determine how they apply and adapt this recommendation for their internal use. For example, each organization will need to determine "patient care areas" and "public spaces" as appropriate for their settings.

Background and current situation:

Throughout the COVID-19 pandemic, healthcare facilities have put patient and healthcare worker safety first and implemented tools to decrease the risk of COVID-19 transmission in patient care settings. One of the most important interventions for reducing spread of COVID-19 in clinical care spaces has been universal source control through masking. Since the spring of 2020, hospitals, emergency rooms, urgent care centers, and clinics have lowered the risk from respiratory viral infections including COVID-19 by requiring patients, healthcare workers, and visitors in our facilities to mask. Patient care areas often bring people close together leading to increased exposure risk and transmission of COVID-19. Masks mitigate the spread of infection in these settings, including when people have minimal or no symptoms. Furthermore, many patients seeking care in these settings have serious medical diagnoses, including conditions that leave them vulnerable to severe disease associated with COVID-19 and other respiratory viruses. Unlike many other activities, healthcare is not optional, but essential; and every patient deserves to feel safe from acquiring a preventable infection when seeking healthcare.

¹ Included adult and pediatric hospital, outpatient, dialysis and public health infectious disease, infection prevention, and other clinical healthcare and public health leaders in western Washington.

Despite the knowledge that has been gained about COVID-19, much remains unknown about the virus, including the long-term health consequences of infection and reinfection. In our communities, COVID-19 continues to circulate at [substantial levels](#), causing serious and life-threatening illness for too many individuals, especially those at high risk for severe disease such as individuals age 65 years and older, those with underlying health conditions, people who are pregnant, and infants. For many of the counties in Washington state, the community transmission levels remain “[substantial or high](#)” meaning that the percent positivity of testing is >10% and the new case rate is $\geq 50/100K$. Furthermore, existing vaccinations may not provide reliable protection for some people who are immunocompromised and there are currently no other preventive treatments active against circulating variants for these high-risk patients. Available antiviral treatments have many restrictions and cannot be used in many people who develop COVID-19 and are at high risk for severe disease.

In addition to acute illness, COVID-19 is increasingly recognized as a cause of long-term health conditions, or post-COVID-19 conditions, that occur even after individuals recover from infection. These include cardiovascular (heart attacks and stroke), thrombotic (blood clots), neuropsychiatric, and gastrointestinal effects that can occur even if the individual had asymptomatic or mild infection. We have only begun to understand the complete scope of COVID-19 related complications and it remains imperative that we continue to take steps to reduce risk of infection to those in our community who are most vulnerable. Healthcare workers, who have been at the frontlines of the COVID-19 pandemic, also deserve to work in the safest possible environment. Universal masking of patients, visitors, and healthcare workers in hospitals and clinics will help maintain confidence in our ability to care for patients in the safest way possible and allow us to deliver the range and quality of treatment that our patients need.

Existing Guidance:

1. Despite the ending of the [Secretary of Health Mask Order](#), the Washington State Department of Health (DOH) continues to [recommend masking in healthcare facilities for COVID-19 infection prevention](#).
2. Per DOH, licensed healthcare facilities are required to have infection prevention policies and programs consistent with the Centers for Disease Control and Prevention guidance.
3. The Centers for Disease Control and Prevention [recommends that Community Transmission](#) serve as the metric to guide practices in healthcare settings to allow for earlier intervention, before there is strain on the healthcare system and to better protect the individuals seeking care in these settings.
4. The Centers for Disease Control and Prevention also [recommend](#) health care organizations refer to local county or state public health guidance for additional recommendations based on local transmission.
5. Many local health jurisdictions in Washington will also recommend continued masking in health care facilities for COVID-19 infection prevention.
6. Healthcare facilities must continue to comply with Washington State Labor & Industries [worker protection requirements](#).
7. The Centers for Medicare and Medicaid Services Conditions of Participation for COVID-19 [Infection Control Standards](#) remain in effect.

Current Action:

In light of the current situation and local, state and federal guidance, as an acute care and outpatient clinic healthcare facilities, our organizations will continue to require masking in patient care areas and strongly recommend or require in public spaces. We recognize that the determination of “public” and “patient care” spaces is facility specific due to a wide range and variety of facilities in our state serving a wide range of patients. Therefore, we agree these definitions should be determined at an institutional level and trust that each facility will engage their appropriate stakeholders when considering these parameters.

We do so with the expectation that public health and infectious disease experts will assist in determining how best to guide masking policies in the future. We understand that the health impacts of this pandemic continue to develop, and future policies will need to take into consideration multiple factors including new metrics for community burden of COVID-19 and other respiratory viral infections, available treatment, and new knowledge about COVID-19 related complications. We support the formation of a regional ad hoc working group of these experts to establish these recommendations.

We support a determination of new metrics or further recommended actions by July 3, 2023.

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