Department of Veterans Affairs

Memorandum

Date: April 7, 2020

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Updated: Coronavirus (COVID-19) Facemask and N95 Respirator Use

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)

1. COVID-19 activity in Department of Veterans Affairs facilities has increased significantly, leading to localized shortages in facemasks and N95 respirators. The United States is experiencing challenges procuring adequate supplies of these items to protect Veterans Health Administration (VHA) staff over the coming weeks. Recent COVID-19 transmissions in VHA Community Living Centers and a Spinal Cord Injury facility mean that VHA staff must take extra steps to protect patients from COVID-19. Effective today, VHA has implemented CDC crisis capacity strategies for mask and N95 respirator conservation until supply chains are optimized.

2. Facility facemask and N95 respirator management plans should adopt CDC conservation and crisis strategies that permit extended use and permit limited re-use by individuals under certain circumstances.

a. For non-COVID-19 zones – employees working in Community Living Centers, Spinal Cord Injury facilities, and inpatient Mental Health wards will receive one facemask per work week to protect high risk Veterans from COVID-19 exposure. Care should be taken to not touch the outer surface of the mask when removing the mask from a paper storage bag when used. Mask supply levels in VHA do not support providing masks to all other employees not working directly with COVID-19 infected Veterans.

b. For COVID-19 screening program activities other than patient sample collection receive one facemask a day.

c. For COVID-19 positive patients not undergoing high risk procedures – employees will receive one facemask a day. The patient should be encouraged to put on a facemask when someone enters their room. The facemask on the employee can be re-used between patients. Extended use is preferred to re-use when possible, given risk of self-inoculation when donning and doffing.

d. Performing high risk procedures or activities on suspect or confirmed COVID-19 patients – employee should wear an N95 respirator for extended use with multiple COVID-19 patients. For example, an employee conducting sample collection for COVID-19 testing should use the same mask between patients.

Subj: Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use

3. Masks should be routinely assessed for damage and blood or bioburden. Replacement masks can be provided by supervisors, but employees must take these conservation methods seriously. Additional information on implementing extended use and re-use of facemasks and N95 respirators from the CDC can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

4. VHA facilities should use CDC guidance for contingency and crisis capacity management of PPE including facemasks and N95 respirators. VHA facilities should not wait for supplies to reach levels where a small shift in use results in a lack of N95 respirators for high risk procedures. Facilities should start collecting PPE that is amenable to re-use strategies now, and have a safe storage plan in place. PPE management plans should include extended use and limited reuse strategies for facemasks and N95 respirators. The Facility Director in consultation with the Network Director determines change in masking policy. Information for optimizing mask use can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. The VHA National Patient Safety Center has additional guidance on personal protective equipment including facemasks and N95 respirators of PPE in the attached Patient Safety Notice.

5. Decontamination and reuse of N95 respirators is FDA approved under an emergency use approval (EUA) for the Battelle CCDS Critical Care Decontamination System™. Additional FDA EUAs may ensue. For example, Advanced Sterilization Products (ASP) recently announced the company has qualified a new reprocessing protocol that can extend the lifespan of single-use N95 masks (respirators) utilizing STERRAD Systems. This may soon be approved by the FDA. This is a rapidly changing environment with additional strategies and processes undergoing testing and approval processes. The Facility Director in consultation with the Network Director determines when and what decontamination and reuse methods will be deployed at a facility. Keep apprised by checking the FDA EUA status at: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

Facilities may consider decontamination strategies for N95 respirators as a crisis/last-resort strategy until additional supply is available. Staff should be advised that a reused decontaminated respirator might not perform at the same level as advertised by the manufacturer and NIOSH certification. CDC discussion of respirator decontamination is here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html.

6. Facilities must prioritize respirators/facemasks for employees with highest risk of exposure and those employees that work in areas with highly vulnerable patients when all employees cannot receive a mask. Priority health care delivery areas include those screening patients for COVID-19, staff in contact with persons under investigation for COVID-19, and those performing procedures on and those providing direct care to suspect or confirmed COVID-19 patients. Facemasks should be used by employees working in the Community Living Center, Spinal Cord Injury units, and inpatient Mental Health.

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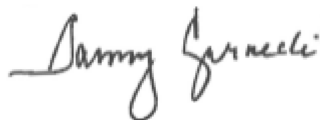
7. The Joint Commission (TJC) has released a statement for health care workers that supports allowing staff to bring their own masks or respirators to wear at work when their health care organization cannot provide them with adequate protection commensurate with the risk of infection. The TJC also strongly supports healthcare organizations' efforts to conserve PPE and to distribute scarce supplies. VHA supports this recommendation when supplies at the medical center are not immediately available and will adopt policies to conserve masks and respirators for employee use. Joint Commission announcement here:
https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/public_statement_on_masks_from_
https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/public_statement_on_masks_from_home.pdf home.pdf

8. The CDC lists several options in the event there are not facemasks available including; exclude healthcare providers (HCP) at higher risk for severe illness from COVID-19 from contact with known or suspect cases; designate convalescent HCP for provision of care to known or suspected COVID-19 patients; use a face shield that covers the entire front and sides of the face with no facemask; and use of homemade masks. Additional information on the options can be found at the CDC:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

9. Should you have questions regarding this memorandum, please contact Larry Mole, Deputy Chief Officer in Patient Care Services for Public Health, by sending an email to Larry.Mole@va.gov. This guidance will be continually reviewed and updated to reflect shifts in supply levels including any impact of N95 respirator decontamination.



for
Renee Oshinski