
Yale New Haven Health

Department of Infection Prevention

Guideline to Prevent Transmission of Respiratory Viruses in Healthcare Settings

Standard Operating Procedure

Original: 12/2023 Last Reviewed: 12/2023

Approved by: Infection Prevention

Purpose:

To provide a standardized process for changes in respiratory Personal Protective Equipment (PPE) use during periods of time in which respiratory viruses are circulating at a higher-than-normal rate.

Scope:

The core practices in this document should be implemented in all settings where healthcare is delivered. These venues include but are not limited to both inpatient settings (e.g., acute, long-term care) and outpatient settings (e.g., clinics, urgent care, ambulatory surgical centers, imaging centers, dialysis centers, physical therapy, and rehabilitation centers, and homecare). Healthcare personnel (HCP) referred to in this document include all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances, contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Included are: Adult and pediatric inpatient and ambulatory areas in YNHHS, NEMG, Yale Health, and Yale Medicine.

Procedure:

1. YNHHS Infection Prevention & YNHHS Occupational Health are responsible for tracking data reflecting the burden of respiratory viruses and recommending change to the Mask Level.
2. When Enterprise-wide influenza testing shows 10 positive results (confirming the onset of influenza), Infection Prevention will meet every other week to review the respiratory virus data (Data Sources, below) and determine if any change is needed in the Mask Level.
3. If Infection Prevention & Occupational Health are recommending a change in the Mask Level, Infection Prevention will notify the stakeholders (below) for awareness and input.
4. It is anticipated that Mask Level changes will be minimal during any respiratory virus season. For example, once the mask level is elevated, it is expected that the level will not de-escalate until the respiratory virus season is resolving.
5. Changes in Mask Levels will be proposed 2 weeks prior to the intended implementation date unless the situation merits more rapid change.
6. Elevation of the Mask Level may be implemented in operational areas as part of a response to a cluster/outbreak of respiratory virus infections independent of Enterprise-wide change.
7. Mask Levels
 - A. **Mask Level 0:** Standard mask usage (current "Green")
 - 1) Masking per standard and transmission-based precautions.

- 2) Individuals may continue use of a mask or respirator based on personal preference, informed by their perceived level of risk for infection.²
- B. Mask Level 1: “Recommended” mask use (current “Yellow”)**
- 1) HCP, ambulatory patients, and visitors are encouraged but not required to use masks.
 - 2) Individuals may continue use of a mask or respirator based on personal preference, informed by their perceived level of risk for infection.²
 - 3) Typical Threshold: After/when influenza testing shows 10 positive patients across the enterprise (reflecting the true circulation of influenza in the community) and/or COVID test positivity exceeds 3% across YNHHS/Enterprise.
- C. Mask Level 2: “Enhanced” mask use (current “Red”)**
- 1) Health Care Personnel (HCP) will mask when interacting with patients (e.g., on entry to the patient’s inpatient room, examination room, face-to-face patient contact).
 - 2) Typical Threshold: After/when influenza testing shows a positivity rate of 1.5% across YNHHS/Enterprise and/or COVID test positivity exceeds 10%.
- D. Mask Level 3: “Universal” mask use (current “Red”)**
- 1) All persons (e.g., patients, visitors, and HCP) mask upon entry to the facility and will remain masked in all areas, where feasible. Masks may be removed for eating/drinking.
 - 2) Implemented upon declaration of a Public Health Emergency for a respiratory pathogen or an Infection Prevention/Occ Health risk assessment noting the expectation for a severe respiratory virus season.

Data Sources:

- [YNHHS Respiratory Pathogen Dashboards](#)
- [RESP-NET Interactive Dashboard | CDC](#)
- [National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus | CDC](#)
- [Weekly U.S. Influenza Surveillance Report | CDC](#) (Including ILINet data)
- [CDC COVID Data Tracker: Home](#)
- [New Haven Wastewater](#)

State departments of Public Health: [CT](#) [NY](#) [RI](#)

Stakeholders

- YNHHS Occupational Health (Raj Ahsan, Ivory Blount)
- YNHHS, including NEMG (Ohm Desphande, Deborah Rhodes, Richard Goldstein, Karen Brown, Pam Sutton-Wallace)
 - Nursing (Diane Kelly)
 - Patient Experience (Lauren Mallozzi)
- Yale Medicine (Babar Khokhar, Jorge Rodriguez)
- Yale School of Medicine (John Francis, Michael Schwartz)
- Yale Health (Maddie Wilson, Jenna McCarthy, Dorothy Van Rhijn)
- Cornell Scott Hill Health (Ashly Maughan)

- Fair Haven Community Health (Benjamin Oldfield)
- VA Connecticut Healthcare (Ann Fisher, Rupak Datta)
- Community Medical Group (Joe Quaranta)
- YNHHS Supply Chain (Carla Carusone, Anna Cerilli, Margaret Rose)

References:

1. [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC](#)
2. [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
3. [DRAFT 2024 Guideline to Prevent Transmission of Pathogens in Healthcare Settings \(cdc.gov\)](#)
4. [Infection Control Actions for Respiratory Viruses | Project Firstline | Infection Control | CDC](#)