Guidance #1: Recommended Protective Face Masks (8/06/21)



The Health and Wellness Working Group has developed this updated guidance, which has been informed by evidence-based science and expert opinion. This guidance covers most situations and will be revised as our understanding of COVID-19 and situational awareness evolves. It is understood that specific recommendations from this guidance are not always feasible and that individual units have to make individual decisions that are within the spirit of the guidance about how best to operationalize its application.

This guidance is intended to decrease the risk of disease spread but cannot eliminate all risk. This guidance may be used on and off campus as applicable, and we encourage university partners, affiliated organizations and off-campus student housing to consider these as well.



Overview

The SARS-CoV-2 virus is primarily transmitted by droplets spread in close proximity and sometimes with airborne spread with small particles suspended in the air for minutes to hours. The use of recommended protective face masks will help reduce the transmission of respiratory droplets and provides some filtering of the virus when used consistently.

Evidence suggests that wearing a high-quality cloth mask or surgical mask provides significant protection. In addition, with emerging COVID-19 variants with presumed higher infectivity such as the Delta variant continued masking and other precautions may be necessary or desired, especially for individuals whose personal health risk warrants a higher level of protection.

Preliminary evidence reported by the Centers for Disease Control and Prevention (CDC) on July 27, 2021 indicates that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. To reduce their risk of becoming infected with the Delta variant and potentially spreading it to others: CDC recommends that fully vaccinated people wear a mask in public indoor settings if they are in an area of substantial or high transmission. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions. Optional masking for vaccinated individuals applies to most social interactions but may not be appropriate for venues such as hospitals, clinics, long term care facilities, nursing homes, some public transportation, and correctional facilities.

This guidance is based on the presumption that by July 1, 2021, all Texans \geq 12 years of age will have had adequate access to vaccine to allow for two does and a period of two weeks to establish immunity. The Health and Wellness Task Force endorses vaccine for all those eligible \geq 12 years of age. Those eligible for a vaccine but opting out arguably assume risk of acquisition of COVID-19 including severe illness, hospitalization, or death. Similarly, this guidance is predicated on current understanding of COVID-19 variants in our community and the continued protection from these variants conferred by the currently available COVID-19 vaccines as well as the continued low levels of COVID-19 prevalence circulating within our community.

<u>Governor's Executive Order 38 (GA38)</u> prohibits governmental entities and officials from mandating face coverings except for certain circumstances outlined in the Governor's order.

For the purposes of this guidance, we typically use the term "recommended protective face masks" to be inclusive of different types of acceptable masks. These guidelines are not intended for healthcare settings or when more specialized equipment such as a surgical mask, N95 mask or respirator is required.

Recommendations

Masking is strongly recommended but optional inside University of Texas at Austin buildings or on campus.

- Specific guidance for certain workplace conditions for individuals working within healthcare institutions, correctional facilities, long term care facilities and nursing homes to be directed by those entities.
- Individuals who are immunocompromised or fully vaccinated individuals living in environments with at risk
 individuals defined as immunocompromised or at increased risk for severe disease from COVID-19 or not fully
 vaccinated should follow guidance for unvaccinated individuals. Masking is strongly recommended for these
 individuals.
 - Immunocompromised defines a broad spectrum of individuals who may have impaired immunity and thus may have inadequate response to vaccination (vaccination is still recommended). The following individuals represent the most concern based on currently available data on serology post vaccination and expert opinion:
 - Individuals with solid organ transplants or stem cell transplants
 - Individuals who are currently in cycle for chemotherapy or cancers associated with immune deficiency (leukemias and lymphomas)
 - Individuals with chronic inflammatory diseases treated with systemic corticosteroid therapy (eg., > 20 mg prednisone daily), immunomodulator medications, and/or biologic agents.
 - cs Primary immune deficiency disorders,
 - Immune deficiencies due to HIV infection,

- Individuals with sickle cell disease (not trait)
- Individuals with surgical asplenia

Individuals have varying risk tolerance to the acquisition of COVID-19 and its sequelae. This guidance endorses continued mask use indoors as recommended by the CDC. for those vaccinated individual. for added protection against COVID-19 infection.

Unvaccinated individuals are recommended to follow CDC guidance regarding continued masking. Specific recommendations are outlined below.

- All faculty, staff and students should wear a mask that offers a higher level of protection than that provided by a typical cloth mask. A higher level of protection can be achieved by wearing an ASTM Level 3 surgical mask. ASTM levels 1 and 2 are also acceptable, however, level 3 will provide the most protection.
- Individuals with underlying health conditions that could put them at higher risk for severe COVID-19 disease should consider double-masking (wearing a surgical mask under a cloth mask), which offers even more protection.
- Wearing an <u>N95/KN95 respirator</u> can also provide a higher level of protection and may be considered in certain circumstances related to the working/learning environment and inherent health risks of the individual. However, respirators require training in proper use and handling, create more resistance to breathing, and may not be as well tolerated. Individuals wearing N95/KN95 should seek medical clearance and fit-testing to ensure a good face seal. Fit-testing (only necessary for an N95), which is necessary to ensure an air-tight seal, will be provided by UT or UTHA for individuals who are required by nature of their job responsibilities to wear a respirator mask. Facial hair should be trimmed to allow for air-tight seals.
- Masks with valves should not be used as they can expel exhaled air into the environment, increasing the risk for others.
- Recommended protective face masks are <u>not</u> a substitute for physical distancing measures, and the unvaccinated/immunocompromised individuals should be cautioned about the importance of utilizing both tools as adjuncts to decrease the risk of transmission.
- Whenever the recommended protective face masks are touched, hand hygiene should be completed as the outside of the recommended protective face mask may be contaminated. Minimize adjusting or manipulating recommended protective face masks.
 - Carefully fold the mask so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage.
 - Store folded mask between uses in a clean paper or sealable bag. Long-term storage of a moist facemask in a plastic/sealable bag can result in mildew growth.
- Launder cloth recommended protective face mask regularly (daily) using routine washing procedures and detergents. See <u>Correct Use and Washing of Cloth Masks</u>.
- Eye protection: Eye protection has been shown to reduce the chance of COVID-19 in high risk settings like health care (when used in addition to masking). The impact in community settings is not known though with variants that are possibly up to 50% more contagious, it is a reasonable precaution to take, especially those at higher risk of severe disease from COVID-19.

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Appendix A: Recommended protective face mask Selection Guidance

This appendix is intended to provide more detailed guidance to the UT community about the proper selection and use of recommended protective face masks to help prevent the spread of COVID-19. Please note that clear face shields are not a substitute for a cloth recommended protective face mask or mask Clear face shields in combination with a recommended protective face mask, provide a higher level of protection. Recommended protective face mask

recommendations are organized by group and by taking into account activity, duration of interaction and risk of exposure.

Handling/Care/Storage/Disposal of Recommended Protective Face Masks

- Always wash your hands before and after you handle your recommended protective face mask.
- Launder fabric recommended protective face masks frequently with soap and water, or when they become dirty.
- Recommended protective face masks may be stored in a paper or plastic bag to help keep them clean.
- If a washable recommended protective face mask becomes wet, do not store it for more than a few hours in a plastic bag to prevent mold growth.
- Disposable masks should not be reused if they become wet.
- Disposable masks should only be used for one day and then placed in an ordinary trash container.

Appendix B: Mask Details

ASTM Level 1

- Low Fluid Resistance 80 mmHg
- Filtration Efficiency BFE ≥ 95%
- PFE ≥ 95% @ 0.1 micron
- Breathability Delta P < 4.0 mm H2O/cm2
- Ideal for procedures where low amounts of fluid, spray and/or aerosols are produced
- Meets EN14683 Rating Type II Standard

ASTM Level 2

- Moderate Fluid Resistance 120 mmHg
- Filtration Efficiency BFE ≥ 98%
- PFE ≥ 98% @ 0.1 micron
- Breathability Delta P < 5.0 mm H2O/cm2
- Ideal for procedures where moderate to light amounts of fluid, spray and/or aerosols are produced
- Meets EN14683 Rating Type IIR Standard

ASTM Level 3

- High Fluid Resistance 160 mmHg
- Filtration Efficiency BFE ≥ 98%
- PFE ≥ 98% @ 0.1 micron
- Breathability Delta P < 5.0 mm H2O/cm2
- Ideal for procedures where heavy to moderate amounts of fluid, spray and/or aerosols are produced
- Meets EN14683 Rating Type IIR Standard

NIOSH Approved N95 Particulate Respirator

- High Fluid Resistance 160 mmHg
- Filtration Efficiency PFE = 99.9% @ 0.1 micron
- Breathability Delta P > 5.0 mm H2O/cm2
- · Ideal for procedures where heavy to moderate amounts of fluid, spray and/or aerosols are produced
- Meets EN14683 Rating Type IIR Standard
- Indicated for use when treating patients with airborne diseases such as TB or influenza
- Meets CE 0121 In reference to EN 149: 2001 FFP2 NR

Feature Explanation

- Fluid Resistance mask resistance to penetration by synthetic blood under pressure (mmHg)
- Higher resistance = higher protection
- BFE Bacterial Filtration Efficiency Percentage of particles filtered out at a pore size of 1.0 5.0 microns (µ)

- PFE Submicron Particle Filtration Efficiency Percentage of particles filtered out at a pore size of 0.1 1.0 microns (μ)
- Delta P Differential Pressure drop across mask, or resistance to air flow in mmH2O/cm2
- Greater resistance = better protection but less breathability