



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER**  
**300 E. HOSPITAL ROAD**  
**FORT GORDON, GEORGIA 30905-5650**

REPLY TO  
ATTENTION OF:

MCHF-CDR

31 March 2022

MEMORANDUM FOR All Personnel, Dwight David Eisenhower Army Medical Center,  
Fort Gordon, GA 30905-5650

SUBJECT: Commander's Policy Memorandum No. 50 – Universal Masking of All Who  
Enter Dwight David Eisenhower Army Medical Center (DDEAMC) and Outlying Clinics

1. **PURPOSE:** To provide direction and expectation for universal masking for all who enter DDEAMC and outlying clinics.
2. **SCOPE:** The 14 March 2022 version of this policy is rescinded. This updated policy reflects the most recent Centers for Disease Control and Prevention (CDC) and DoD guidance for masking in healthcare facilities based on current local community transmission rates of COVID-19 infections. This policy applies to all persons regardless of COVID-19 vaccination status (including but not limited to staff, patients, visitors, contractors, vendors, construction workers), with the exception of those under 2 years of age or anyone entering the facility who is unconscious, incapacitated or otherwise unable to don the mask without assistance, or is seeking emergency treatment.
3. **REFERENCES:**
  - a. milSuite COVID-19 Clinical Operations Group Final PPE Guidance for Healthcare Workers <https://www.milsuite.mil/book/docs/DOC-769077> (April 2020).
  - b. Centers for Disease Control and Prevention; Coronavirus Disease 2019 Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 (April 2020) <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>.
  - c. Centers for Disease Control and Prevention; Coronavirus Disease 2019 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (July 2020) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.
  - d. Centers for Disease Control and Prevention; Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (updated Feb. 2, 2022) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

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e. Joint Commission Statement on Universal Masking of Staff, Patients and Visitors in Health Care Settings (April 2020) <https://www.jointcommission.org/-media/tjc/documents/covid19/universal-masking-statement-04232020.pdf>.

f. Deputy Secretary of Defense Memorandum; "Updated Mask Guidance for all DoD Installations and Other Facilities", July 28, 2021.

g. Defense Health Agency Briefing; "COVID-19 Community Levels and Transmission Risk", March 18, 2022.

4. BACKGROUND: The CDC recommends that healthcare facilities "...implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms.... ." Source control at DDEAMC involves having people wear a medical grade face mask over their mouth and nose to contain their respiratory secretions and thus reduce the dispersion of droplets from an infected individual. This will decrease the possibility that anyone with unrecognized COVID-19 infection will expose others. For source control to be most effective against COVID-19, it requires that everyone wear a medical grade face mask or respirator to prevent droplet and (to a lesser degree) aerosol spread of respiratory viruses such as COVID-19.

5. Policy for Universal Masking:

a. Employees.

(1) All employees working within the hospital or in outlying clinics are required to wear a medical grade face mask while in their respective public worksites, clinical care settings, or common areas (i.e, hallways, elevators, dining facility, etc.). Cloth face coverings or masks with exhalation outlet valves are prohibited.

(2) Face masks may be removed when alone in a private office with floor-to-ceiling walls and closed doors, or when in a designated area where an individual can unmask to eat, such as the Dining Facility (DFAC) or breakroom. When consuming meals in a communal dining area, such as the DFAC or breakroom where unvaccinated individuals might be present, a minimum of six feet distance between persons is required with unmasked time not to exceed 15 minutes.

(3) Staff who are fully vaccinated and boosted may choose to remove their mask and not social distance when working in well-defined areas that are restricted from patient access, to include the auditorium, conference rooms, classrooms and break rooms.

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(4) In DDEAMC outlying administrative buildings where there is no patient care mission, face masks are not required for staff who are up to date with all required doses of the COVID-19 vaccine.

(5) Staff will be provided with medical grade face masks (surgical masks) and/or respirators appropriate to their work setting and functional role. Note, staff who are engaged in clinical care with direct patient contact where respirator use is indicated must have a current fit test on file with Industrial Hygiene for the respirator they are using, and they must follow the manufacturer's instructions for use and reuse. See the DDEAMC COVID-19 Infection Control SOP at the following link for further guidance on PPE:

<https://ikenet2010.ddeamc.amedd.army.mil/dchr/OPSHOME/emmgmt/Clinical%20Guidance/Forms/AllItems.aspx?InitialTabId=Ribbon.Library&VisibilityContext=WSSListAndLibrary>.

(6) To request an exception to policy (ETP), an employee should ask his or her supervisor for a reasonable accommodation.

b. Patients and Visitors.

(1) Patients and visitors are expected to wear a medical grade face mask (Food and Drug Administration (FDA) approved) or a N95 respirator approved by the National Institute for Occupational Safety and Health (NIOSH) for clinical visits, appointments, or while conducting any other business while in the hospital or outlying clinics. Cloth face coverings or masks with exhalation outlet valves are prohibited.

(2) Patients and visitors can bring their own mask to satisfy this requirement. A complete list of FDA approved face masks can be found at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixasurgicalmasks>. A list of NIOSH approved N95s is provided on the CDC website at [https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/n95list1.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html).

(3) Patients and visitors arriving to the facility without a medical grade face mask will be given a mask after reviewing the COVID-19 screening checklist at the main patient entrance. The AOD will monitor compliance and make on the spot corrections as needed.

(4) Patients and visitors unable to tolerate a face mask due to a health condition or use of medical equipment (i.e., severe asthma, chronic obstructive pulmonary disease, use of a nasal cannula, allergy) may utilize tissue to cover their nose and mouth while in the facility. Patients may seek an exception to policy through their

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primary care provider. Such requests will be routed through the clinic leadership to the Deputy Commander for Clinical Services for decision.

(5) Patients admitted to inpatient units are NOT required to wear a mask at all times while in their room but will utilize a mask when leaving their room for any reason if they are medically able. For indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present), the safest practice is for patients and visitors to wear a mask and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated. If the patient and their visitor(s) are up to date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact. Visitors should wear a face mask when around other patients or hospital employees, regardless of vaccination status.

(6) When medically necessary or clinically indicated, a treating physician or nurse may request or authorize the removal of a patient's mask as needed.

(7) A treating physician or nurse, a patient, or both may unmask in order to communicate medical information and guidance. For these purposes, a guardian may also unmask. In such cases, six feet of distancing will be maintained to the maximum extent possible.

c. Noncompliance.

(1) In the interest of patient and staff safety, patients and visitors who refuse to comply with this policy will be asked to leave the premises immediately.

(2) Failure by employees to comply with this policy without an approved reasonable accommodation already in place could result in counseling or appropriate disciplinary action.

6. Points of contact for this action are the DDEAMC Infection Control and Prevention Nurse, Ms. Kimberly Kinney, [kimberly.j.kinney.civ@mail.mil](mailto:kimberly.j.kinney.civ@mail.mil), 787-7393 and Chief, Infectious Disease Service, MAJ Heather Pomerantz, [heather.s.pomerantz.mil@mail.mil](mailto:heather.s.pomerantz.mil@mail.mil), 787-6492.

  
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