June 22, 2021

Rochelle P. Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
395 E Street, SW
Washington, DC 20024

Dear Director Walensky:

LeadingAge once again commends CDC staff for continued attentiveness to health and aging services settings. We appreciate that CDC representatives make themselves available to answer questions and are responsive and thoughtful about issues our members run into.

As we have stated previously (February 24th and April 22nd letters), COVID-19 vaccines are the most significant development of the pandemic. We are once again writing to ask for further clarification and consideration of changes to masking and face shield protocols as more and more residents and staff are becoming vaccinated and states continue to loosen masking and social distancing requirements.

Currently, CDC guidance expressly excludes health care providers, who are advised to continue using source control such as masking and face shields. This is difficult, for residents, families, and providers, to have conflicting guidance and protocols within the care provider's property and the broader community. One set of guidance/protocols would not only help health care providers, but also residents, families, staff, and visitors. We urge you to consider revising guidance to relax mask wearing and face shields in certain situations. Older adults in long-term care communities should have the same rights to choose how to live their lives as those in the broader community.

Consider Revisions to Mask Wearing and Face Shield Requirements

The first scenario to revisit is if both the person providing care and the person receiving care are vaccinated. Under this scenario the risk for transmission and getting COVID-19 is exceedingly low for both the care provider and resident. Wearing a mask or face shield in this scenario does not protect anyone but the wearer and we think in this scenario wearing a mask or face shield should be voluntary for fully vaccinated health care providers and residents if the only concern is COVID-19.

The data suggest that the likelihood of transmission to a vaccinated person is very low. Moreover, even if there are breakthrough cases in this scenario, the risk of vaccinated individuals for serious illness and/or death are exceedingly low.

At some point in this pandemic, neither mask wearing or face shields will make sense in healthcare settings due to the low prevalence in the community and the exceedingly low risk of transmission through vaccinated members of the community. Maybe we are at this point.

If either the resident or staff member is unvaccinated, then wearing of masks by the care provider seems prudent.

At bottom of these concerns is the difficult to quantify, but incredibly immeasurable value of our residents being able to again see the staff's faces, which show emotions/intentions as they approach. This is especially critical for residents with dementia. It also allows residents to read lips when they cannot hear, react to unheard cues, and just restoring the ability to recognize their caregivers is worth proceeding with this recommendation given the low risk and huge benefit.

In additional to the practical concerns addressed by masking, having such a protocol could serve as an incentive to staff to get vaccinated. Some may consider vaccination if they are able to work unmasked in certain scenarios.

Individual Preference/Resident Choice

An alternative approach that may make guidance clearer for health care providers would be to give the residents the preference as to whether the care providers wear masks or face shields when providing services and care. This person-centered approach would be easy to understand and follow. If the vaccinated resident preferred that staff wear face protection, then the staff would do so. Likewise, if the resident decided that it was not necessary, then the staff do not need to wear such protections while caring for that resident.

This would require continual communication with the residents and/or family, but respect the resident choice in the amount of risk and preferences on how to receive care.

We look forward to any upcoming revisions and are here to partner in helping make any modifications that increase seniors' autonomy and choices.

Please contact Ruth Katz (rkatz@leadingage.org), senior vice president for policy and advocacy, for additional information or to discuss these issues.

Sincerely,

Katie Smith Sloan, President and CEO, LeadingAge

Cc:
Kara Jacobs Slifka
Nimalie Stone
Kerri Moran
Lee Fleisher