



# Updated BioTel System Masking Requirements

**April 7, 2022**

1. The Omicron “sub-variant” B.A.2 of the SARS-CoV-2 virus is the most infectious COVID-19 virus noted to date. While current data in North Texas indicates low community spread, low test positivity and the lowest number of hospital and ICU admissions since the pandemic began, this could change in the future necessitating another change in masking policy.
2. Given current conditions, BioTel EMS Providers are no longer **REQUIRED** to wear masks when engaged in direct patient care **OUTSIDE OF THE HOSPITAL**. EMS Providers are still strongly encouraged to wear a facial covering, especially when caring for a patient with fever, cough, respiratory symptoms, or anyone thought to be at high risk of having COVID-19 or other potentially infectious respiratory agent, including influenza. An N95 respirator or surgical mask is the preferred facial covering when caring for a patient. EMS Providers may utilize judgment whether to don additional PPE such as eye protection and gowns.
3. **EMS Providers should remain patient-centric in their care and shall immediately honor any patient or caregiver’s request for them to don a facial covering. They should also strongly consider donning a facial covering to protect any immunosuppressed patient such as those with cancer, transplants, or on chemotherapy.**
4. **There has been no change in hospital policy regarding masking. Thus, ALL EMS Providers who enter a Dallas-area hospital or other healthcare facility (such as rehab or skilled nursing facility) MUST wear a facial covering, with the preferred covering being an N95 respirator or surgical mask. Failure to follow this direction may result in suspension of the provider’s credential to function as an EMS Provider in the UTSW/Parkland BioTel EMS System and/or referral to the agency’s chain-of-command for possible disciplinary action.**
5. **Given a facial covering may be required at any time during a response, EMS providers should maintain it readily available on their person for any EMS episode of care.**
6. This change remains contingent upon continued low prevalence of COVID-19 in the community, and any updates will be communicated through future alerts and to agency leadership.

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