

FREQUENTLY ASKED QUESTIONS: Personal Protective Equipment

Table of Contents

Pages 1: Universal Masking FAQs

Pages 2: Face Shield and Eye Protection FAQs

Pages 3-4: N95 & Earloop Mask Use and Reuse & Respiratory Protection FAQs

Page 5-7: Half Face Respirator FAQs

Updated 11/12/20

Universal Masking & Face Shield/Eye Protection FAQs

| | |
|--|---|
| <p>Do I need to wear a mask as soon as I enter an Allina Health facility?</p> | <p>Staff must put on a facemask upon entry to the facility. Staff can wear a cloth mask until they get to their unit/department and are given their assigned PPE. Staff working in administrative only buildings (e.g. CEC or The Commons) may wear cloth face masks.</p> |
| <p>What if I refuse to wear a mask?</p> | <p>If an employee chooses to not comply with masking requirements they will be sent home. Repeated violations of the requirements will result in corrective action.</p> |
| <p>Can I bring my own PPE from home?</p> | <p>At this time, OSHA requires that Allina Health supply personal protective equipment (PPE) for direct patient care. We appreciate that you may have your own factory made respirator or droplet masks at home, but you cannot bring your own PPE from home. We have a supply chain process to follow for all donated PPE to ensure they meet the requirements for staff use. Homemade cloth masks may be brought from home and worn by staff in administrative only buildings. Patient facing staff may wear a cloth mask from home until they get to their unit/department and are given their assigned PPE.</p> |
| <p>Does universal masking apply to patients and visitors?</p> | <p>All patients (admitted and outpatient) and approved visitors will be provided a cloth mask, earloop mask or can wear their own mask for source control. Cloth masks will be worn when patients are outside of their rooms or when a healthcare worker is in their room. Instruct visitors to wear a mask at all times while in Allina Health facilities. See Allina Health Mandatory Masking Policy and Mandatory Masking FAQ for more information.</p> |
| <p>Do vendors need to wear masks?</p> | <p>Vendors working in Allina Health in a clinical settings should wear a droplet mask. Vendors working in administrative only buildings may wear a cloth mask or a droplet mask (if already wearing one).</p> |
| <p>What if a patient refused to mask?</p> | <p>See the Mandatory Masking FAQ document for guidance.</p> |

Face Shield and Eye Protection FAQs

| | |
|--|--|
| <p>UPDATED: When does a face shield or eye protection need to be worn?</p> | <p>Clinic staff should wear eye protection when in patient care areas, common areas, hallways and corridors. Hospital staff must wear eye protection when in patient care areas and should practice continuous use throughout their shift including when not in patient care areas. Disinfect and re-use face shield or eye protection following the eye protection re-use guidelines. Disinfect the full face shield when it is visibly soiled and when removing it from your face.</p> |
| <p>NEW: Do I need to put on eye protection upon entering an Allina Health Facility?</p> | <p>No. You should don eye protection upon entering patient care areas and should continue to practice continuous use throughout your shift including when not in patient care areas.</p> |
| <p>NEW: If I work in an administrative only or non-patient care department should I wear eye protection?</p> | <p>No. You do not need to wear eye protection while working in a non-patient care area. You should don eye protection if you enter a patient care area.</p> |
| <p>NEW: If I work in a patient care area, can I take off my eye protection when I am charting on the unit outside of patient rooms?</p> | <p>No. This move to continuous eye protection is intended to prevent exposure by accidentally forgetting to wear eye protection.</p> |
| <p>When should a face shield or eye protection be disinfected?</p> | <p>At a minimum, disinfect when visibly soiled and when removed from face for a break or at the end of a shift.</p> |
| <p>UPDATED: Is a face shield or eye protection needed for non-patient contact staff?</p> | <p>Staff that do not interact directly with patients do not need to wear a face shield or eye protection but they should practice social distancing when interacting with other staff. Staff entering a patient care area in a hospital should don eye protection. Clinic staff should wear eye protection when in patient care areas, common areas, hallways and corridors.</p> |
| <p>UPDATED: Who can wear eye protection that is not a full face shield?</p> | <p>Staff who are wearing an N95 must wear a full-face shield as eye protection. The face shield will protect the N95 from contamination. Staff not wearing an N95 respirator may wear approved safety glasses or goggles for eye protection.</p> |
| <p>What if my face shield or goggles get foggy?</p> | <p>After cleaning and disinfecting the face shield or goggles with approved disinfectant, use glass cleaner or soapy water, rinse and dry with a paper towel. Ensure the face shield or goggles are completely dry prior to donning.</p> |

| | |
|--|--|
| | Work with your local Materials department or Inventory Control Analyst to obtain an approved anti-fogging solution. |
| What if I experience symptoms of vision issues when wearing safety glasses/face shield over prescription glasses? | Some staff requiring prescription glasses or reading glasses have reported issues with comfort and safety while wearing safety glasses or faceshields over their glasses. Reports include: headaches, dizziness and vision problems, screen legibility or glare, distortion and other issues that may affect safe patient care. It is important for staff to have up to date prescriptions as an outdated prescription may also cause these issues. Report these concerns to your supervisor and Employee Occupational Health. |

N95 & Earloop Mask Use and Reuse & Respiratory Protection FAQs

| | |
|---|---|
| <p>What is the N95 respirator rotation?</p> | <p>Over five working days staff should use 1 N95 respirator per working day, then store the mask for a minimum of 5 days before reusing and each respirator should be used a total of 3 times. This is called the N95 Rotation plan (1/3/5 plan).</p> |
| <p>Can infectious respiratory pathogens last on the masks or respirators for days?</p> | <p>Some studies have shown respiratory pathogens may remain infectious on surfaces for extended periods of time. Microbial transfer and re-aerosolization studies show more than ~99.8% of the respiratory pathogens have remained trapped on the respirator after handling or following a simulated cough or sneeze. To reduce the risk of contamination, Allina Health has implemented a 5 day rotation of N95 respirators.</p> |
| <p>What if I have to touch my N95 respirator or droplet mask?</p> | <p>Refrain from touching your mask or respirator. Perform hand hygiene if mask or respirator is touched.</p> |
| <p>Can I wear makeup when I wear an N95 respirator?</p> | <p>You should not wear makeup (including lipstick) while wearing an N95 respirator. Makeup and lipstick can soil the inside of the respirator and wearing makeup while wearing an N95 respirator for a full shift may contribute to skin irritation issues.</p> |
| <p>NEW: Can I put a droplet mask over the N95 to protect it from getting contaminated?</p> | <p>No. Altering the N95 respirator in any way, including placing a face mask over the respirator, can alter the performance of the respirator. OSHA and NIOSH do not allow for modifications of respirators. A full face shield should be worn over the N95 to protect it from possible contamination.</p> |
| <p>What type of mask strap holders may I use?</p> | <p>Headbands with buttons or other similar concepts can be used for earloop masks only. They cannot be used for N95 respirator use as that could affect the fit of the respirator.</p> |
| <p>Can I wear a hair covering?</p> | <p>For your comfort and convenience, you may choose to wear a cloth bonnet or skull cap brought from home. Launder as you normally would with your uniform.</p> |
| <p>Storage of PPE: 1. Where do I get a storage container? 2. Are the containers changed daily?</p> | <ul style="list-style-type: none"> • Follow your site plan • Discard your container when integrity is compromised • Do not use a plastic bag • When using a hard plastic container, it must have holes for ventilation |
| <p>Are valved and half face respirators safe to use in health care?</p> | <ul style="list-style-type: none"> • These respirators provide sufficient source control as COVID-19 is spread through droplet transmission not airborne particles. • Valved and half face respirators cannot be worn in surgical settings (OR, interventional radiology, CV and EP labs). Note: PAPR hoods worn under a surgical gown are acceptable for surgical and procedural use. • Staff may be given a valved respirator or half face respirator for use as PPE when caring for COVID-19 patients that require airborne precautions. • Valved or half face respirators may be worn per uninterrupted use guidelines. |

| | |
|---|--|
| <p>The Governor’s executive order for masking mentions that masks with valves should not be used- does that include our N95 respirators and half face respirators with valves?</p> | <p>No. The barring of valves on masks in the order relates to non-medical, community masks. These are not the same as CDC/NIOSH approved respirators worn as PPE. It does not apply to the half-face or other respirators with valves worn as part of employer-supplied PPE, such as those provided by Allina Health.</p> |
| <p>Is additional source control needed for staff when wearing a PAPR, CAPR or valved N95 respirator or for patients wearing a valved respirator from home?</p> | <p>Patients and visitors should be given cloth or droplet masks to wear if they do not present wearing one from home.</p> <p>PAPR hoods/head covers and CAPR shields provide sufficient source control and staff do not need to wear droplet masks in addition to a PAPR or CAPR when providing care to patients in Enhanced Respiratory precautions. The PAPR hoods and CAPR shields direct air breathed out downward and contain droplets produced from a cough or a sneeze.</p> |
| <p>How should I mask for source control before donning and after doffing a PAPR/CAPR/half face respirator?</p> | <p>Wear a cloth or earloop mask until donning the respirator. Save the cloth or earloop mask to access it after doffing your respirator. After removing the respirator, follow disinfection instructions for that type of respirator, perform hand hygiene, then don the cloth or earloop mask.</p> |

Half Face Respirator FAQs

| | |
|---|---|
| <p>Why is Allina Health implementing another type of respirator?</p> | <p>Using half face respirators allows for expanded use of N95s, without concern of running out of respiratory protection for staff. Allina Health can expand care to the community by implementing this respiratory protection resource.</p> <p>Half face respirators are also referred to as half face piece respirators, half mask respirators or elastomeric respirators.</p> |
| <p>What are the advantages of this type of respiratory protection?</p> | <p>Half face respirators provide equal protection to that of N95 respirators, but are reusable, durable, and can be cleaned and disinfected daily with Allina Health approved disinfectant. Half face respirators are not in short supply as N95 respirators are.</p> |
| <p>Do the CDC, MDH and OSHA approve of half face respirators for healthcare?</p> | <p>Yes, they are recommended not only for crisis or contingency situations, such as the COVID-19 pandemic, but also for routine use during normal times. The Minnesota Hospital Association has also encouraged their use.</p> |
| <p>Are other Health Systems using half face respirators?</p> | <p>Yes other healthcare systems have introduced them with good success. The protection factor is the same as the N95.</p> |
| <p>Will staff be required to share half face respirators?</p> | <p>No, each staff member who will use them will be assigned their own respirator.</p> |
| <p>How are the locations for these respirators being selected?</p> | <p>The half face respirators will be deployed first at high volume departments in the Metro hospitals so that we can conserve the N95 respirators that would otherwise be used there. The regional hospitals and other areas of Allina Health will also have an opportunity to deploy these, first focusing on higher volume N95 use.</p> |
| <p>Is it hard to communicate while wearing a half face respirator?</p> | <p>Health care workers who have worn them report that they find it necessary to raise their voices a little more than with an N95, but that communication is easier than while wearing a PAPR. See tips for communicating when wearing PPE.</p> |
| <p>Are half face respirators more comfortable than N95s or PAPRs?</p> | <p>This may depends on personal preference. Some find them more comfortable because of the exhalation valve and the softness of the silicone while others find the N95 or PAPR more comfortable.</p> <p>Unlike the N95 respirator's, half face respirators have adjustable straps. This is helpful in assuring fit – but overtightening can lead to discomfort and even skin breakdown on the face. Back off the straps a little if needed to protect your skin integrity and then perform seal check again so you know the respirator is still protecting you fully.</p> |
| <p>Can half face respirators be used in all healthcare settings?</p> | <p>No, half face respirators have exhalation valves and may not be used in a surgical setting. Half face respirator may not be used in the OR, interventional radiology, CV and EP labs.</p> |
| <p>Why can't half face respirators be used in surgical settings?</p> | <p>The CDC recommends not using half face respirators in surgical settings over concerns that the exhalation valve may not provide adequate protection against sterile field contamination. Individuals who routinely work in OR, IR, CV or EP areas that require respirators will be fit tested into an N95 respirator or PAPR/CAPR.</p> |

| | |
|--|---|
| <p>Are half face respirators safe to use during sterile procedures done in the ICU or other areas (e.g. central line insertions)?</p> | <p>Yes. Half face respirators can be worn for procedures outside of the surgical setting. Although not designed to filter exhaled air, the exhalation valve of the half face respirators provides some level of protection to exhalation of droplet particles. Comparatively, surgical masks are not designed to fit tightly to the face and have gaps around the face through which air can leak outward when the wearer exhales.</p> <p>A study conducted comparing bacterial contamination in a simulated sterile environment while wearing surgical masks compared with wearing a loose-fitting power air purifying respirator (PAPR) found that the respirator generated less contamination as compared to the surgical mask. While the study did not look specifically at half face respirators, the type of PAPR hood included in the study was one that secured and vented air directly under the chin. The venting holes of the PAPR hood were much larger than the diaphragm protected exhalation valve of the half face respirator thus some inferences can be made around the ability of the half face to protect from field contamination.</p> |
| <p>Do exhalation valves on half face respirators provide adequate source control to protect patients and healthcare workers from the individual wearing the half face respirator?</p> | <p>Yes. The CDC recommends wearing masks for source control to help prevent the spread of COVID-19. The CDC also recommends the use of elastomeric (half face) respirators as a way to supplement respiratory protection. There is no documented evidence of spread of COVID-19 from an air-purifying respirator with an exhaust valve. Improvements in practice, such as universal masking for all who enter Allina Health facilities, lessens the risk of exposure and transmission to staff and patients. These measures significantly lower the theoretical risk of release of COVID-19 from healthcare workers wearing a valved respirator. The probability of transmission is extremely remote as prevalence of infection among HCW is low, duration of infection is time limited, most virus released during a sneeze or cough while wearing a valved respirator is contained and is likely no different from masks as droplet masks still release exhalation around the sides and top.</p> |
| <p>Do half face respirators require fit testing?</p> | <p>Yes, an annual fit test is required for the half face respirator. Fit-testing is required for each model and brand of respirator used.</p> |
| <p>How long do the filters last?</p> | <p>Half face respirator particulate filters can be used repeatedly until soiled, contaminated, broken, or when breathing becomes difficult. In the clean, air-conditioned healthcare environment filters are not likely to need changing for years.</p> |
| <p>How do I get a replacement filters?</p> | <p>Replacement filters can be ordered through supply chain or the site Safety Lead.</p> |
| <p>Can the half face respirator be cleaned? Is it ok to wipe the filters?</p> | <p>The half face respirator should be cleaned and disinfected after it is removed and if contaminated.</p> <p>The plastic filter housing can be cleaned and disinfected; the soft, internal filter material should be kept dry.</p> |
| <p>Who do I contact with questions?</p> | <p>Contact your site Employee Safety Lead or Infection Preventionist.</p> |
| <p>Do I have to wear a face shield with the half face respirator?</p> | <p>Eye protection must be worn when wearing the half face respirator for COVID related protection. Because the half face respirators can be disinfected daily unlike the N95s, face shields can be used, but safety eyewear (glasses) /goggles are also acceptable.</p> |

| | |
|---|---|
| Can I bring my half face respirators home? | No, half face respirators must remain available for use in the workplace and should not be brought home. Some traveling staff may transport their respirator from site to site, following department procedures. |
| Are the half face respirators adjustable? | Yes, the half face respirators have adjustable straps. This is helpful in assuring fit, but overtightening can lead to discomfort and even skin breakdown on the face. Loosen the straps slightly if needed to protect your skin integrity and perform a seal check to ensure the respirator is fully protecting you. |
| If I am working with both COVID/PUI patient and non-COVID patients do I need to wear my half face respirator for both? | Half face respirators can be worn following uninterrupted use, however, staff can remove and disinfect the half face respirator and put on droplet mask (and eye protection) for non-COVID patient care. |
| What are the filter replacement requirements for half face respirators? | <p>The filters for the half face respirator have a 5 year shelf life from date of manufacture. The expiration date is visibly marked on each filter. Per the manufacturer’s instruction for use (IFU), the particulate filters on the half face respirators must be changed if: they become damaged or visibly soiled, the wearer notices an increase in breathing resistance or the filter is expired.</p> <p>The wearer is responsible to inspect the filters for damage and visible soil during each donning and doffing.</p> <p>To ensure compliance with shelf life, the expiration of the filters will be checked before putting them into initial use on a respirator and during annual fit testing. Filters that will expire within the year will be replaced at that time.</p> |
| Can a half face respirator be worn when caring for non-COVID-19 patients in airborne precautions? | Yes, half face respirators can be worn when caring for non-COVID patients in airborne precautions. This includes but is not limited to; measles, chicken pox, TB and disseminated shingles. |
| The FAQ will be updated as the situation progresses. | |

Definitions

- **Direct Patient Care:** *Has direct contact with patients* and is providing face-to-face care, training, and supervision, counseling, consultation, or medication assistance to persons served by the program (e.g., nurses, social worker, etc.).
- **Indirect Patient Care:** *Has direct contact with patients* and is not providing direct patient care (e.g., dietary aid, environment services, check-in staff, etc.).
- **Patient Facing:** An employee who would be 6 feet or less from a patient while performing their duties.