

## MultiCare Infection Prevention Guidance for Staff COVID PPE

<b>Masking Guidance</b>
Date: September 22, 2020
PPE: Procedural Masks, CAPR shields, N95s, Eye Protection
Minimize reuse for available PPE
<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/</a>

General Masking Dos and Don'ts	
✓	Wear a MultiCare provided procedure mask
✓	Mask should cover nose, mouth and chin
✓	Wear a mask at all times when in the building, even at entry and exit
✓	Masks must be worn in hallways, common areas and when moving throughout the clinical setting
✓	Masking is required in non-clinical, non-patient care areas and administrative offices wherever employees are unable to maintain at least six feet distance from others
✓	When removing mask, employees must maintain at least a 6-foot distance from others, even during break or while eating
✓	Discard used masks and don a new mask when indicated, (i.e. going on break, when moist or soiled)
✓	Masks may be worn from patient-to-patient, regardless of the isolation status, unless the mask becomes moist, soiled, or is contaminated or touched with gloved or dirty hands
∅	Cloth masks are not permitted for use by any staff while on duty within MHS facilities
∅	Due to lack of source control, masks with valves are not to be used by staff
∅	Personally sourced masks are not permitted for use by staff while on duty
∅	Hooks should be maintained outside the patient rooms, if there is a return to reuse.

Respirators (N95s and CAPRs) Dos and Don'ts	
✓	Respirators should be used for aerosol generating procedures (AGPs) for suspected/covid positive patients.
✓	Discard N95 after AGP for Covid/rule-out Covid
✓	N95 may be used from patient-to-patient regardless of the isolation status with appropriate protection
✓	Discard N95 at the end of the shift or when wet, soiled, damaged
✓	A procedural mask should be worn over elastomeric respirator exhalation valve, for source control
∅	N95s are no longer being reprocessed

Enhanced Eye Protection (Face Shields or Goggles) Dos and Don'ts	
✓	Use of eye protection is <u>required</u> for all direct patient encounters within 6-feet physical distance or crossing the threshold of the patient room, in the clinical care environment
✓	Face shields and goggles may be safely reused by disinfecting the surfaces
✓	Follow the <a href="#">Reuse Workflow</a> to reuse eye protection/face shield between patients
✓	It is acceptable, but not required, to continue wearing eye protection in the clinical environment when not involved in a direct patient encounter.
✓	Discard face shields and goggles when damaged or difficult to see through
∅	Personal eye glasses are not considered eye protection

## FAQs:

**1. Is wearing a cloth or blue wrap mask allowed for staff in a clinical setting?**

No.

**2. Can employees wear personal masks until they get to their units or departments and can put on a procedure mask or other PPE?**

Yes.

**3. When do I know when to get a new mask?**

- Every day at the beginning of shift, and:
- When going on break
- When mask is wet, soiled or hard to breathe through
- When mask is contaminated or touched with gloved or dirty hands
- When switching from a respirator (N95) to regular mask

**4. I work in the kitchen; Do I need to wear a medical grade mask?**

Yes. Procedural masks provide better source control compared to cloth masks. Cloth masks may be worn from home but need to be switched to procedural masks upon entering the work area.

**5. I am an EVS staff member who works in patient-care areas. Do I need to wear a medical grade mask?**

Yes. All staff working in clinical/patient care areas need to wear medical-grade masks, NOT cloth masks.

**6. I am an EVS staff member who works in non-patient-care areas (administration offices, etc.) can I wear a cloth mask?**

No. All staff working in non-patient care areas such as offices should wear hospital provided masks.

**7. I see contractors every day, are they to wear MHS issued masks as well?**

Yes. MHS-issued masks are more effective for source control and for self-protection. They can access MHS issued masks from MHS facility entrances at the screener stations.