

Frequently Asked Questions: MASKING

LAST UPDATED: May 27, 2020
These FAQs will be updated as needed

When should N95 and KN95 masks be used?

N95 and KN95 masks are reserved for team members in all Banner hospitals who provide direct patient care in the following areas while at work:

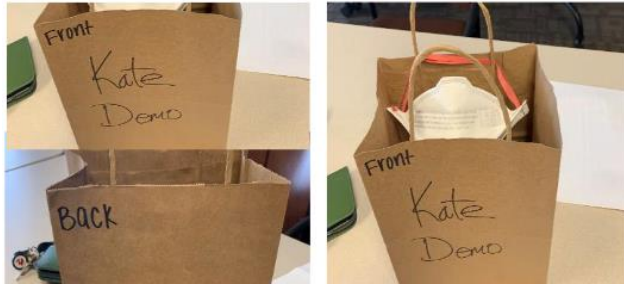
- COVID-19 cohort units
- Emergency Department
- Those performing aerosol generating procedures on highly suspect/confirmed positive COVID-19 patients

How many masks do I provide to my team member?

Provide the team member with one mask.

Where do I write my name to indicate ownership?

Label one side of the paper bag as “front” and one side as “back.” Label the paper storage bag with the user’s name on the Front.



When should I use a procedure mask versus the N95 mask?

Health care workers provided an **N95 or KN95 should wear it while working in the COVID-19 cohort units, emergency departments, and while performing aerosol generating procedures on highly suspect/confirmed positive COVID-19 patients.** A Face Shield should be used while providing direct patient care and when performing aerosol generating procedures to protect the N95 or KN95. They may doff the N95 or KN95 mask and Face Shield upon exit from the patient care room for comfort or skin breaks following the Paper Bag Storage procedure. DON a Procedure mask to wear in the common spaces (halls, breakrooms, cafeteria, etc). Follow the N95 paper bag process ([link to document](#)).

Health care workers who provide direct patient care in locations other than the Emergency department and COVID-19 cohort units should wear a procedure mask at all times. Follow the Face Shield paper bag process ([link to document](#)).

When should I doff my mask?

Masks should be worn continuously. Team members should fully remove the mask from the face to eat or drink and as they exit at the end of shift.

Are we aligning the name list to the mask size? Have we included Banner Support Services partner on this process to receive masks?

Yes, we are aligning with supply chain to provide them with each facility’s need. BSS partners have been included in the information share-out.

How do we operationalize the red bin process with the sterile processing department? Should we include MoldEX masks in the red bins? What do we do with the bins when they are full? Can we ask that a red biohazard bag be placed in the red bin before masks as discarded there? Additionally, can we ask that the bag be tied and delivered to SPD when it becomes full?

- All N95 and KN95 brands can be placed in the bins so long as not visibly soiled at this time.
- Plastic bags should not be used as they would prevent the masks drying as needed.
- A new collection process will be coming in the next few days as we finalize our sterilization process.

When will the next mask fitting be available?

Providers who are unsure of their N95 mask size can be fit-tested at any Banner Employee Health or Occupational Health location. For locations visit www.Bannerhealth.com/services/occupational-health.

How will the distributors of the N95s or KN95s know if they should replace a team members mask? How will they know how many times the mask has been replaced?

When receiving a replacement mask, team members will complete a short attestation that will allow their leader to trend frequency of mask replacement. We are trusting our team members to only replace masks that are soiled, damaged, or those that remain moist after being hung in the bag.

Trashcans in rooms are filling quickly with used PPE as staff are donning and doffing. Can we suggest that bigger trashcans be put into the rooms or more frequent EVS rounds to remove trash quickly?

Our EVS leaders will be made aware that COVID-19 units will experience a greater than normal volume of trash and will be asked to adjust rounds to the extent possible.

What is the best practice for scanning meds and patients without entering the room with PPE on? Can staff scan meds in isolation room or can they put not scanned to avoid wasting PPE?

Care should be clustered so medication administration can be performed while the nurse is in the room for other tasks. To conserve PPE, toileting, medications, assessments, and other tasks should be clustered.

How frequent should the Buddy check be done?

For the safety of our staff Buddy checks should be done when donning and doffing PPE.

Does the reuse protocol apply for nonCOVID-19 patients such as Tuberculosis (TB)? Meaning will we reuse N95 or KN95 masks that we are using to care for TB patients?

N95 or KN95 masks used in caring for non-COVID-19 patients in negative pressure rooms, such as TB, can be reused safely.

Would other team members such as cardiology and medical imaging who frequently work in a high-risk area such as the Respiratory Care Unit and Emergency department be considered for the reuse protocol?

N95 or KN95 should be used for aerosol-generating procedures. If not performing an aerosol generating procedure, team members should follow the PPE requirements posted on the sign, including use of a standard procedure mask.

What team members qualify to be using the N95 or KN95 mask?

Team members who are caring for patients who are in COVID-19 cohort units, emergency departments, and who are most likely to perform aerosolizing procedures on suspect/confirmed positive COVID-19 patients.

Some surgeons in the ORs believe that all surgeries are considered high-risk for aerosolizing the environment. Are we to give each surgeon a kit or only those from certain service lines?

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This is a fluid situation and material is subject to change.

Perioperative services and the Surgery Clinical Consensus Group have approved an approach as to what activities are high risk and require limiting health care workers in the room or use of a N95. All surgeons should be following that guidance. Surgeon questions can be directed to Dr. Nirav Patel at Nirav.Patel@bannerhealth.com

Can we initiate a strong request that makeup not be worn if wearing a N95 mask? Make up renders the mask useless after one wear.

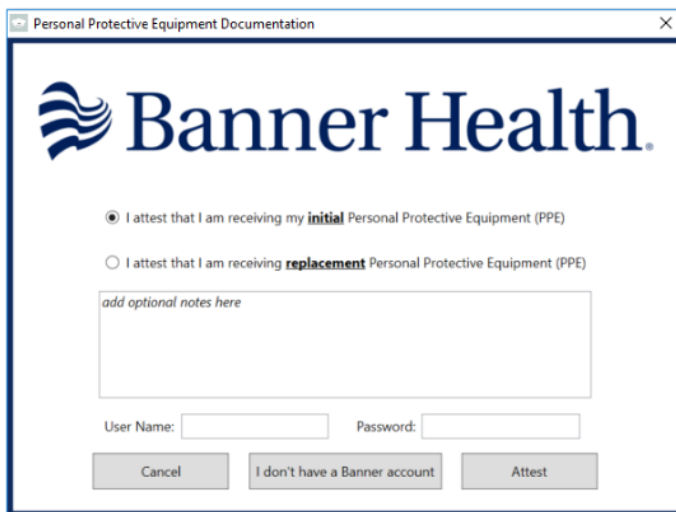
Communication was sent out April 2nd asking no facial make-up to be worn. Eye makeup and non-colored moisturizer is permissible.

How many days can you wear the N95 or KN95 mask before it needs to be replaced?

As long as it is not visibly soiled, the elastic is intact, the seal is good and there has been no exposure to moisture it can be worn. There is no real definition of days until it's expiration.

What is the guidance around attestation?

Anytime a team member receives a N95 or KN95 mask they will be required to complete an attestation.



The screenshot shows a web browser window titled "Personal Protective Equipment Documentation". The Banner Health logo is at the top. Below the logo are two radio button options: "I attest that I am receiving my **initial** Personal Protective Equipment (PPE)" (which is selected) and "I attest that I am receiving **replacement** Personal Protective Equipment (PPE)". Below these is a text input field labeled "add optional notes here". At the bottom, there are fields for "User Name:" and "Password:", and three buttons: "Cancel", "I don't have a Banner account", and "Attest".

Should we allocate N95 or KN95 masks according to procedure regardless of whether patient is COVID-19 or not to prevent an asymptomatic patient thought to be low risk getting an aerosol generating procedure then ending up being positive?

Anytime a patient needs an aerosol generating procedure, the patient's clinical presentation and history needs to be evaluated and considered in terms of deciding whether a N95 mask is needed or not. ***N95s or KN95s are not indicated for aerosol generating procedure in patients without respiratory symptoms or evaluation for COVID-19 infection.***

The re-usable face shields have a foam strip that goes across the forehead. Could the staff wear the disposable skull caps to prevent the foam from touching the skin? This will help keep foam clean and be more sanitary since the foam cannot be cleaned between uses.

Face shields, including forehead strips can be wiped with the disinfectant wipes. If a team member would like their own assigned face shield, they can talk with their leader and obtain one from supply chain services. Those wishing to cover their hair under a face shield should use a personal scarf, headband or bandana to do so. Surgical bouffant/hair covers should be reserved for use in procedural areas.

What departments are included in the mid-shift temperature check?

Sterile Processing, Perioperative, Endoscopy, Cath Lab, and Interventional Radiology.

HOW DO I KNOW WHAT GROUP FOR MASKING I FALL INTO?

The table below shows which primary masking risk category various positions or departments should follow. **All team members, should continue to follow posted PPE requirements for entry into transmission-based precautions rooms.** Team members who incidentally go into a COVID-19 cohort unit or Emergency departments should use the mask indicated in the table below and change into any other required PPE as posted for entry to an enhanced precautions room or when performing an aerosol generating procedure in a highly suspect/confirmed positive COVID-19 patient.

Lower Risk (Your own Personal mask) No DIRECT Patient Care	Medium Risk (Procedure mask) DIRECT Patient Care	Higher Risk (N95 respiratory mask) DIRECT Patient Care	NON Patient Care Facilities (Your own Personal Mask) No Direct Patient Care
<ul style="list-style-type: none"> • Administration • Support departments <ul style="list-style-type: none"> ○ Infection prevention ○ Quality ○ Supply chain ○ Environmental services ○ PAS/PFS ○ HIMS ○ Unit clerks ○ Facilities ○ Food and Nutrition Services ○ Pharmacy ○ Clinical education ○ Informatics ○ Biomed/ENTECH ○ Care Coordination ○ Chaplain (depending upon religious request, could be DIRECT patient care) ○ Supply Chain ○ Voluntary Svcs ○ Dieticians ○ IT ○ Security ○ Cultural Services ○ Risk ○ Compliance 	<ul style="list-style-type: none"> • All patient care locations except COVID-19 cohort units and Emergency department <ul style="list-style-type: none"> ○ Nurses ○ Providers (consultants, hospitalists, clinics, urgent care) ○ CNA/PCT ○ Transport ○ Medical Imaging ○ Therapies ○ Phlebotomists ○ Occ Health ○ Med Assistants ○ Behavioral Health 	<ul style="list-style-type: none"> • COVID-19 cohort units and emergency department <ul style="list-style-type: none"> ○ Nurses ○ Providers (ED, Intensivists) ○ CNA/PCT 	<ul style="list-style-type: none"> • All non-patient care worksites <ul style="list-style-type: none"> ○ Corporate (BCCM, BCCP, NOCO) ○ Supply Chain Warehouse ○ Call Center ○ Classrooms ○ Simulation ○ Delivery services ○ Business offices

Can “your own mask” be an N95 brought from home?

All masks brought from home should cover the nose and mouth and be consistent with Banner professional attire standards (e.g. no bandanas tied around the face). If an individual brings their own N95, they may use it for continuous masking while at work but are required to change into Banner provided masks/PPE when entering a transmission-based precautions or procedural room.

Will visitors now be required to wear a mask at all times?

All persons entering a Banner entity are required to wear a mask except while eating or drinking. Exceptions may be made on a case by case basis due to other health conditions that may prevent them from masking or based on age, such as children under 2 years.

Should team members wear their procedure mask when they leave the unit to go to the cafeteria?

Team members should wear their mask at all time. Prior to eating they should doff the mask using proper doffing technique and store their mask while they eat. After eating, the team member should don their mask using proper technique.

Will Banner have fabric masks for our team members who do not have access to one?

Fabric masks have been donated to Banner and are available to distribute to team members in our facilities. If you would like to make your own, please visit the Banner toolkit for fabric patterns.

DIRECT PATIENT CARE STAFF (MEDIUM RISK)

Have we considered N95 masks for respiratory ambulatory clinics? (Clinics that are seeing mainly respiratory patients suspicion of COVID)?

At this time, those clinics should use the procedure mask unless they are doing aerosol generating procedures.

Would OB triage and ED triage be required to wear N95 or procedural masks as they are not performing aerosolized procedures?

OB triage would be direct patient care, medium risk and should use a procedure mask. ED triage could be considered medium risk direct care givers unless the ED has been separated and has a COVID-19 only triage, in which case it would be considered higher risk and would use an N95.

Would Rad Techs performing bedside procedures in the ED and within patient rooms in enhanced precautions on the respiratory care units be considered medium or high risk?

Rad techs are medium risk and should wear a procedure mask *unless present* for an aerosol generating procedure in a highly suspect/confirmed COVID-19 positive patient, in which case they would use an N95 for the procedure itself.

Will we be providing our physicians outside the ED and cohorted units the surgical masks?

Procedure masks will be available on patient care units. These masks may be used by physicians providing care to patients on those units.

Will team members need to wear a personal mask to come into the hospital and then change into a procedure mask as a direct patient care provider?

Yes, that is an acceptable practice.

Are we distributing procedure masks within the same process as N95 (PPE Control Center) or should these be made available in direct patient care areas for team members and medical staff member to help themselves?

We are not using the same process for procedural masks. They will be located on the units for team members and medical staff to use.

ED AND COVID UNITS (MEDIUM RISK)

What is protocol for ED team members who cannot wear N95 masks?

ED team members who cannot wear an N95 should wear a procedure mask and then use a PAPR/CAPR if they need to perform an aerosol generating procedure in a highly suspect/confirmed positive COVID-19 patient.

Some EDs have a cohorted respiratory area. When a separate cohorted ED unit is present, do team members whose primary function is in a non-respiratory area wear an N95?

No. If the cohorted ED respiratory unit is separate from the rest of the ED, an N95 mask **should not be worn** by all ED team members as they are not providing direct patient care and will not be donning and doffing frequently. Individuals who do not provide direct patient care should wear their own personal mask while at work or a procedure mask if a direct care giver.

If an ED does have a separate respiratory unit but suspected or positive COVID-19 patients are being transported to negative pressure rooms scattered throughout the ED, is the entire ED treated as a respiratory unit with all ED staff wearing N 95 masks?

No. **Only team members who provide direct patient care are to continuously wear N95 masks.** Nurses and techs providing direct patient care would wear N95 or KN95 masks. HUCS, PAS, EVS etc who do not provide direct patient care would wear their own personal masks. Transporters would wear a procedure mask as they are involved in direct patient care.

Is a face shield recommended to be worn by individuals in the respiratory units all the time or only when in the patients enhanced precautions or in a room with an aerosolizing procedure?

The face shield is to protect the N95 from potential contamination by direct droplets and should only be used to protect the N95 or KN95 mask when in a room with a patient.

If a patient is in an enhanced precautions room and are also in isolation for MRSA or C-diff, should staff with an N95 mask be protected with a face shield?

Yes. The N95 mask should be protected with a face shield when in any enhanced precautions patient room.

Can men with facial hair working in COVID-19 units or EDs wear a PAPR/CAPR as their continuous mask since they cannot wear an N95?

No. There are not enough CAPRs and PAPRs for this purpose. Shaving the beard is strongly encouraged so an N95 or KN95 will seal against the face and be protective. If a team member does not wish to shave for religious, medical or other reasons, please refer them to their facility HR to discuss options.

Can an individual choose to cover their N95 with a procedure mask instead of using a face shield?

No. A face shield should be used to protect the outside of the N95 from contamination, not a procedure mask. Face shields can be disinfected and reused. Procedure masks are also on national allocation and should be reserved for continuous masking in medium risk healthcare workers and appropriate clinical care situations.