CLINICAL FAQS FOR NM WORKFORCE

Updates June 18: What are the guidelines to follow to ensure proper physical distancing while on breaks? was added on page 1; Why do PPE guidelines keep changing? on page 5 was updated

Q: As a clinical staff member or physician caring for patients with COVID-19, should I wear hospital-laundered scrubs?
A: There is no recommendation from the CDC or other sources that staff wear hospital-laundered scrubs when caring for COVID-19 patients. With proper use of PPE, your clothing will not be contaminated. However, each hospital in the Northwestern Medicine system has implemented an optional limited distribution of hospital-laundered scrubs to a small group of units that have repeated contact with COVID-19 patients. Given increased demand across the region, scrub availability is limited thus there will be an assessment prior to any continuation or expansion of the program beyond the initial parameters. We will continue to evaluate interventions that support our guiding principles of keeping our patients safe, keeping our staff safe and conserving resources.

NEW Q: What are the guidelines to follow to ensure proper physical distancing while on breaks?
A: To ensure the safety of all NM staff, please follow these guidelines while on break:

- When not masked on breaks, such as when eating, maintain a 6-foot physical distance from others.
- Adhere to break room maximum capacities.
- When feasible, stagger your break with coworkers to minimize use of the break room at the same time. Teams can use the break buddy model or sign-up sheets.
- Take your break outside of the office/unit/clinic, using public areas with more open space. While outside, remember to still maintain the 6-foot distance when not wearing a mask.
- Keep your break room clean, throwing out trash and wiping down any high-touch surfaces.

Q: What if my license or certification is going to expire?
A: Healthcare professionals with licenses issued by the Illinois Department of Financial and Professional Regulation that have renewal dates between March 1 and July 31, 2020, have been granted an automatic extension through September 30, 2020. All current licensed professionals under the department’s jurisdiction whose license renewal deadlines fall within the period of March 1 and July 31, 2020, will have through September 30, 2020, to complete continuing education coursework.

Additionally, if you are approaching your expiration date for American Heart Association certification in Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS), the American Heart Association will now extend AHA Instructor and Provider Course Completion Cards for 120 days beyond their recommended renewal date, beginning with cards that expire in March 2020. If you have a Neonatal Resuscitation for Providers (NRP) card with an expiration date in March, April, May June or July, 2020, per the recommendation of the American Academy of Pediatrics, you will be allowed an extension beyond the recommended renewal date for up to a total of 120 days.

Q: Are CPR classes still taking place?
A: All CPR classes (BLS, ACLS, PALS) through the NM Academy resumed starting May 1. However, please note that due to physical distancing standards, classroom capacity has been reduced. To assist NM clinical staff who now need to become current in their CPR certifications, the NM Academy also will be offering an interim option to safely renew BLS, ACLS, and PALS certifications using RQI, an AHA-approved CPR competency program that does not require classroom enrollment. This interim option, which is available for enrollment through NM Learning & Performance, includes two components – an online training module followed by an in-person skills demonstration on a mannequin that provides real-time feedback.
Staff with BLS, ACLS, or PALS licenses with expiration dates beginning in March 2020 will be automatically enrolled in the RQI program. If staff choose to attend in-person training they should not complete the RQI program. Those who attend in-person training will automatically have the RQI assignment removed from NM Learning & Performance within 2 weeks. If BLS, ACLS, or PALS licensure is a requirement for your job and you were not automatically enrolled, request access in NM Learning & Performance by searching “BLS, ACLS, & PALS RQI Request Form” and complete the required fields.

Carts for the skills demonstration portion of the training are located at hospitals across the system. Click here for a link to cart sites across the system.

Q: What guideline do I use when determining new onset of patient symptoms for COVID-19?
A: Clinicians should use the guideline of 14 days for determining new onset of symptoms for COVID-19.

Q: I am interested in enrolling my patients in the COVID monitoring program. What is it?
A: The COVID-19 Monitoring Program, available to symptomatic and high-risk patients of all MDs and APPs, provides daily check-ins with patients across the system who have tested positive for COVID-19 following inpatient admission, visit to the ED, or evaluation at a respiratory evaluation center (REC) or alternate testing site. Starting June 8, patients testing positive in the outpatient setting will need to be referred to the program using the new COVID positive Result BPA process. Click here for program details. Contact Katie Doyle, Director of Ambulatory Care Management at kdoyle@nm.org with questions.

Q: What are aerosol-generating procedures or AGPs?
A: AGP’s are procedures or therapies with a high-risk for aerosolizing infectious particles from respiratory secretions. Staff should don the appropriate PPE with the anticipation of exposure to aerosols, use careful judgement to evaluate procedures and reference policy NMHC HS 04.0210 Respiratory Protection Program for additional information. Please click here to see a list of procedures that may produce aerosolized respiratory secretions. Please contact Infection Prevention if a procedure is not listed and you are unsure whether it is an AGP. Procedures that produce aerosolized particles from other secretions, skin or tissue are not included as they cannot transmit viable SARS-CoV-2 virus particles.

Q. Is humidified low-flow O2 considered an AGP?
A: No. Low flow O2 delivered with or without humidity is not considered an AGP, the addition of humidity itself does not generate aerosols, but more the pressure and flow.

Q: What is considered high-flow oxygen?
A: High-flow oxygen is 15 or more liters per minute (Lpm). Anything below is considered low-flow.

Q: What precautions are required for ROCOVID-19 or COVID-19 in inpatient and ED areas?
A:
- Per the newest CDC guidance, COVID-19 is transmitted by droplets. You should follow droplet precautions (surgical mask) along with gown, gloves, and eye protection, except when aerosolized secretions are expected from a health care procedure. See the PPE Guidelines for full PPE guidelines for care with or without an aerosol generating procedure (AGP).
- Symptomatic patients must don a surgical mask as soon as they are identified and be transported to a standard private room; patients can be evaluated and treated in standard private rooms with the door closed.
- Once the patient is masked and isolated, page COVID INPATIENT (2-6651).
- An airborne infection isolation room (AIIR) is not recommended by CDC unless the patient will be undergoing an AGP. Reference the PPE Guidelines for full PPE guidelines according to the patient’s location and for definitions of AGPs. Carefully remove PPE and clean hands according to
CDC donning and doffing guidelines to prevent contamination.

NOTE: The collection of a NP or OP swab is not an aerosol generating procedure, per the CDC (3/18/20)

Q: What precautions are required for COVID-19 in outpatient areas and Immediate Care Centers?
A:

- Per the newest CDC guidance, COVID-19 is transmitted by droplets. **Patients who are being evaluated for possible COVID should be seen in a setting equipped with gown, gloves, procedure mask and eye protection (goggles or face shield).**
- Symptomatic patients must don a surgical mask as soon as they are identified and be transported to a standard, private room; patients can be evaluated and treated in standard, private rooms with the door closed.
- Airborne PPE recommendations should be followed for aerosol generating procedures (AGPs); AGPs should not be performed in outpatient areas and Immediate Care Centers.
- See the [PPE Guidelines](#) for full PPE guidelines in outpatient areas and Immediate Care Centers. You should carefully remove PPE and clean your hands according to CDC donning and doffing guidelines to prevent contamination.
- [Ambulatory Scheduling Algorithm](#)
- [Ambulatory Clinic Algorithm](#)
- [ICC Algorithm](#)

Q: Can specimens from suspected or confirmed patients with COVID-19 be sent through pneumatic tubes?
A: Yes. These specimens can be sent through the pneumatic tube system as long as they are double bagged to avoid leakage.

Q: Can I get a signature on a paper form from a patient in contact isolation, such as a patient with COVID-19?
A: Yes. Paper is not a material that transmits organisms, including SARS-CoV2. Paper may be safely removed from a patient’s room and pens may be wiped down after use. Encourage patients to perform hand hygiene prior to handling papers or pens that need to be removed from the room.

Q: In a COVID-19-positive patient’s room, what should I do with medications (inhalers, insulin pen) that may have been kept after discharge?
A: If the medications can be sent home with the patient upon discharge, they must be appropriately labeled. Please page the pharmacist to assist with labeling. Discard remaining medications in the black medication disposition bin. Do not send medications back to Pharmacy.

Q: In a COVID-19-positive patient room, what should I do with a multi-dose medication container that I took into the patient’s room but still has medication remaining?
A: Patient self-administered medications can be left at bedside. For all other medications, you should try to avoid the situation by assessing the patient before bringing a PRN medication into their room. Multi-dose medication should be administered and stored per hospital policy. If the medication needs to be removed from the patient’s room, it must be wiped down with a hospital-grade disinfectant.

Q: In a COVID-19-positive patient room, what should I do with supplies such as packages of bath wipes left in the room upon patient discharge?
A: You should try to avoid bringing more supplies into the room than needed. Sealed, wrapped supplies may be wiped down and returned to the clean supply room. Those that are not sealed or cannot be wiped down
Q: What cleaning products can I use for the room and equipment?
A: Routine cleaning products and hospital-approved disinfectants can be used. Nurses will assist with daily cleaning tasks (pull trash and wipe surfaces when in room for patient care) to minimize patient exposures. See the PPE Guidelines for full PPE and room access recommendations.

Q: Should medical waste or general waste from patients with suspected or confirmed COVID-19 be handled any differently or need any additional disinfection?
A: Medical waste (trash) coming from confirmed or suspected COVID patients is no different than waste produced from patients without COVID-19. CDC guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that waste from COVID-19 patients requires double bagging or any additional disinfection. Please visit the CDC website for additional information: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html.

Q: Should an elevator be shut down after transporting a COVID-19-positive patient or person under investigation?
A: Shutting down an elevator is necessary only if chest compressions, ambu-bagging or other emergent aerosol-generating procedures were performed during the transport. In this case, the elevator should be shut down for 70 minutes to allow the necessary air changes. Please contact your local Facilities or Security team to shut down the elevator.

Q: What kind of therapy is given to patients with COVID-19?
A: Care is supportive.

Q: Is there medication information I can give to patients?

Q: Are there any prescribing recommendations for physicians?
A: See Provider FAQs: Medications and COVID-19.

Q: Can I refuse to provide care for a patient who has or is suspected of having COVID-19 or refuse to be reassigned to an area where patients have or are suspected of having COVID-19?
A: Generally, staff may not refuse to provide care. Employee safety is a priority and NM continues to monitor its supply to provide appropriate and sufficient PPE. Please see the PPE Guidelines on NMI for PPE recommendations. If an employee believes that their own medical condition prevents them from accepting an assignment or reassignment, they should follow the process for completing the COVID High Risk Assessment Form through the MyNM Service Center portal.

Please see the FAQs titled:

- What should I do if I have a high-risk medical condition and am concerned about severe complications from COVID-19?
- What if I need to take extra precautions due to my own or a household member’s serious chronic medical condition?

Employees who refuse to accept assignments without submitting adequate documentation to Corporate Health to support their refusal will be unpaid. The Rules for Personal Conduct will apply to employees who refuse assignments or to care for patients without a documented and approved reason. They can be found in Policy Manager under NMHC Human Resources.
PERSONAL PROTECTIVE EQUIPMENT

UPDATE Q: Why do PPE guidelines keep changing?
A: The Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH) and other agencies have been working hard to incorporate the latest science into their guidance. NM will continue to provide you with the most current national guidance regarding PPE. Our aim is to keep the workforce and our patients safe, and to ensure the supply of PPE for the weeks and months ahead.

The CDC is now recommending that all patients be treated with an expanded package of universal precautions that includes both universal mask and eye protection. Click here for more information. The change is due to:

• Increasing prevalence of COVID-19 in the population.
• Evidence of transmission of COVID-19 by asymptomatic people who do not know they are ill.
• Tests that are not always perfect.

This means that when we care for any patient, whether COVID-19 positive, negative, or unknown, we should wear a face mask and eye protection. This constitutes the new “universal precautions” along with our traditional universal precautions such as gloves when blood or body fluid exposure might be expected. Eye protection can be goggles or face shield. Goggles are appropriate especially when splashing might be expected.

We expect these guidelines will be changed in future, perhaps as the pandemic recedes or vaccination and treatment options are available for COVID-19.

Q: Should I wear gloves to protect myself from COVID-19 and advise patients coming to NM to do the same?
A: No. Wearing gloves in public is not a substitute for washing your hands. Instead of wearing gloves, the CDC recommends that individuals practice good hand hygiene with either soap and water or a hand sanitizer that contains at least 60% alcohol. Moreover, contamination during glove removal is common. CDC only recommends wearing gloves if you are cleaning and disinfecting your home or if you are a healthcare worker directly treating someone who is a suspected or confirmed COVID-19 patient.

Q: Can I take PPE home for personal use?
A: PPE is for use at work and may not leave NM facilities with one exception. In support of our universal masking guidelines, one procedural or surgical mask per person may be taken home and should be reused for multiple days or until it is soiled, torn or difficult to breathe through. The mask should be stored in a labeled, clean paper bag when not in use. All other PPE such as gloves, gowns, goggles, or N95 masks, and all other supplies, are reserved for patient care and should not be removed from any NM facility.

Q: What PPE should I use for suspect/confirmed COVID-19 patients?
A: Please review guidance available on PPE Guidelines.

Q: What PPE should I use when transporting a COVID-19 positive patient?
A: Consistent with the universal masking policy across NM’s clinical areas, staff should wear a mask when transporting patients, including those who are confirmed with COVID-19. Staff do not need to don an N95 when transporting patients, unless they already have one on from a prior procedure that required an N95.

Q: What PPE is needed when providing post-mortem care?
A: Follow “Usual COVID PPE guidelines,” which include gown, gloves, eye protection and surgical mask. However, if performing AGP during post mortem, such as removal of NG or ET tube, don an N95.

Masks

Q: What is universal masking and why did NM implement this change?
A: Universal masking, or wearing a mask to cover your mouth and nose at all times when inside any NM
facility, helps to keep our patients, employees, physicians and visitors safe. Many people with COVID-19 may be symptom free. Masking helps limit exposure and transmission to protect our colleagues and communities. On April 3, 2020, the CDC recommended masking for the general public in situations where physical distancing may be difficult to maintain.

**Q: Who should wear a mask?**  
**A:** All staff regardless of role, must wear a mask when entering an NM building. This includes staff involved in both direct patient care and non-patient-care-related activities. At this time, we have enough inventory to provide all staff with masks and appropriate PPE. We are requiring the use of NM-issued masks and NM-provided PPE in all work environments. Cloth or homemade masks are not considered PPE and should not be worn over NM-issued PPE. Staff may choose to wear a cloth or homemade mask when commuting to work and when entering an NM facility and traveling to their department until an NM mask is issued.

Refer to [Clinical Tips for Universal Masking](#).

Masks should be worn in all shared spaces such as hallways, multi-stall bathrooms, breakrooms and elevators. A mask does not need to be worn in spaces where physical distancing can be maintained such as eating in a designated area at least six feet away from others or in a private office.

**Q: What type of mask should I wear?**  
**A:** Staff should wear an NM provided earloop or surgical tie mask at all times in all NM buildings (NOTE: The use of an N95 respirator used for designated patient care tasks will supersede the use of an earloop or surgical tie mask). See [PPE Guidelines](#).

**Q: How do I put on and wear the mask?**  
**A:** First, perform hand hygiene with alcohol gel or soap and water then apply the mask. Hook the earloops or tie the ties and place the metal wire over your nose and pinch for a good fit. The mask should never be worn below your mouth or chin, around your neck or on your forehead. Prior to removing a mask, perform hand hygiene with alcohol gel or soap. Perform the same hand hygiene prior to placing the mask on your face again.

**Q: How long can I wear the same mask?**  
**A:** Staff who don’t usually wear a mask, should continuously wear the same NM-issued mask throughout their entire shift, reusing it daily until it becomes unserviceable. Certain roles may need to replace their NM-issued mask more frequently. Replace your mask when it is soiled, torn or difficult to breathe through. Bedside clinical teams and others in direct patient care roles should continue to refer to current PPE guidelines and may need to replace their masks each day.

**Q: When should I discard the mask?**  
**A:** The mask should be discarded if it is soiled, difficult to breathe in, too wet to wear comfortably, torn or otherwise damaged.

**Q: Where can I get a replacement when my NM-provided mask is no longer wearable?**  
**A:** Masks will be stocked as usual in the clinical department supply rooms. Non-clinical staff who work in hospitals or clinics should get their masks from a screening area upon arrival. Administrative staff who work in non-clinical facilities will get their masks from their building screening area or department manager depending on their location. Please contact your manager prior to your first time returning to a non-clinical facility to determine how to obtain an NM-issued mask.

**Q: Is it safe for me to bring home the NM-provided mask?**  
**A:** Yes. If the mask is stored in a paper bag using proper technique and hand hygiene the risk of exposure from
touching the bag is minimal. If you choose to leave your NM-provided mask at work, you will need to wear a personal mask to cover your nose and mouth as you enter and exit NM buildings.

Q: Can I wear my own personal mask from home? Can I wear it over my NM-issued PPE?
A: At this time, we have enough inventory to provide all physicians and staff with masks and appropriate PPE. We are requiring the use of NM-issued masks and NM-provided PPE in all work environments. Cloth or homemade masks are not considered PPE and should not be worn over NM-issued PPE.

Staff working in a patient care setting such as an inpatient unit, hospital outpatient department or ambulatory clinic must wear NM-issued PPE and follow NM PPE Guidelines. Staff working in other settings such as a loading dock, kitchen or administrative areas must wear NM-issued masks. Staff with allergic reactions to the NM-issued mask should speak with their manager about identifying other NM-issued mask options. If no acceptable alternative is identified, please contact Corporate Health.

Staff working in all of these environments may choose to wear a cloth or homemade mask when entering an NM facility and traveling to their department. Staff may choose to store their personal mask in a labeled paper bag in a clean, designated location within their department between shifts.

Q: Should I wear a mask in public or when taking public transit?
A: The Centers for Disease Control and Prevention, the state of Illinois, and many counties and cities (including Chicago) recommend or require masks in public, including on public transit.

Q: Should outpatients, clinic patients and visitors wear a mask? Can they wear their own homemade masks?
A: Yes. All patients and visitors are to be offered an NM-issue mask, which should be worn at all times inside an NM facility as tolerated. If preferred, they may cover their own mask with an NM-provided mask. Under no circumstances should a patient or visitor be allowed to wear an exhalation value mask unless it is covered by an NM-provided mask.

Q: Do pediatric patients, including infants, need to be masked?
A: According to CDC guidelines, children younger than 2 years of age should not wear a cloth face covering due to concerns that they might suffocate. Any child older than 2 years of age should wear a mask, as tolerated.

Q: Should inpatients wear a mask?
A: Inpatients are asked to wear a mask when leaving their rooms, as they are able to tolerate it. An inpatient’s mask may be placed in a labeled paper bag and stored inside their room when not in use. If a patient is unable or unwilling to wear a mask please consult with the patient’s physician or with local medical or operating leadership to see if additional precautions are needed. The inpatient does not need to wear a mask in the patient room, since staff will wear appropriate personal protective equipment.

If there are two inpatients sharing a room, they do not need to be masked if there is a curtain between them.

Q: If I am universally masking, what should I do when I enter a room with an airborne isolation sign where an N95 respirator is required?
A: When going into a room where an N95 is required, remove the procedure mask and store it in your labeled paper bag. Don an N95 respirator prior to entering the room. You may wear the N95 continuously if you have a need for it and as long as an AGP was not performed on the patient, in which case it should be discarded. After exiting the patient room, remove the N95 and store it in a separate paper bag, perform hand hygiene and re-don the mask that you stored in its own paper bag. Please take care when removing and re-using your procedure mask and N95. Please refer to Guidelines for Safe Use and Re-Use of PPE and PPE videos.
Q: When caring for COVID-19-positive patients in the same room, do I need to change my PPE between patients?
A: When caring for COVID-19-positive patients admitted to the same room, you may continuously wear your mask and face shield. Gowns and gloves should be removed, and hand hygiene performed between patients before donning a new gown and gloves.

Q: Can I wear the same mask into multiple exam or patient rooms?
A: Yes, staff may wear one mask continuously. Once in place, you should avoid touching the mask. Perform appropriate hand hygiene if you touch the mask.

Q: Can I use a mask in an isolation room?
A: A surgical tie or earloop mask should be worn for all patients on contact, droplet and standard precautions. Please reference the FAQ’s on airborne isolation/N95 usage for additional guidance.

Q: When caring for a patient in contact precautions, when do I dispose of my mask?
A: You may continuously wear a procedure mask until soiled, torn, or difficult to breathe through. If you use a face shield as eye protection, it may help protect the mask. Refer to Guidelines for Safe Use and Re-Use of PPE.

N95 Respirator
Q: When should I wear an N95 respirator?
A: If the patient is on airborne isolation or requires an AGP, an N95 respirator or PAPR hood should be worn. Perform a seal check when donning the N95. In dedicated COVID-19 intensive care units, staff may wear the N95 continuously for care of multiple patients but must be discarded after an AGP. An N95 respirator does not need to be worn outside of these clinical circumstances. See also detailed PPE guidance.

Q: Can I use the N95 respirator for multiple patients? When should I discard it?
A: You may continue to wear and re-use your N95 respirator when providing routine care in an ICU for multiple patients as long as it is not soiled, torn or difficult to breathe through. You should discard your N95 respirator at the end of your shift and in the following scenarios:

- After wearing it during an aerosol-generating procedure, even if a full face shield is worn.
- When it becomes contaminated with blood, nasal or respiratory secretions or other bodily fluids.
- If it fails the seal test, tears or breaks.
- If it becomes hard to breathe through.

Q: Should I cover the N95 respirator with a surgical mask?
A: No, there is no need to cover the N95 respirator. A face shield is preferred, as it provides eye protection and may reduce contamination of the respirator.

Q: Has there been suspension of N95 fit testing?
A: Because of the national shortage of N95 respirators, NM has an increasingly diverse range of types and models. As a result, we have temporarily suspended annual fit testing. Individuals should always perform a user seal test when donning your N95 respirator. Refer to the N95 tip sheet and videos at N95 Respirator Seal Check. Individuals with respirator concerns or who are having difficulty achieving a proper fit should:

- Contact Corporate Health and make an appointment for a respirator fit test. Corporate Health will provide a fit test on a case-by case-basis to anyone who needs assistance achieving a proper fit.
- Reach out to your manager for instructions to obtain a Powered Air Purifying Respirator (PAPR).
Q: What should I do if I’m experiencing difficulty wearing the 8210 N95 respirator?
A: Several employees have experienced difficulty in ensuring a proper fit with the 8210 respirator after a seal check. As a reminder, these are industrial respirators and are permeable, which require additional PPE in order to be effective within a healthcare setting, such as wearing a face shield in addition to the mask. If you experience fit issues, please contact Corporate Health.

Q: Can I wear my own N95 respirator?
A: No. At this time, we have enough inventory to provide all physicians and staff with appropriate PPE. As such, we are requiring the use of NM-issued PPE in all clinical and administrative environments.

PAPR
Q: When should I wear a Powered Air Purifying Respirator (PAPR) instead of an N95 respirator?
A: PAPRs are to be used by individuals when they are unable to wear an N95. PAPR use is limited to individuals who:

- Perform aerosolizing procedures such as: bronchoscopy, sputum induction, endotracheal intubation or extubation, open suctioning of airways, cardiopulmonary resuscitation, TEE, labor and delivery or autopsies.
- Cannot properly wear an N95 mask due to facial reconstruction, extreme weight loss/gain, braces or dentures.

Q: Can I wear a PAPR if I have facial hair?
A: Individuals will not be given a PAPR because they have facial hair. The limited number of PAPRS will be prioritized based on an individual meeting the established criteria. Facial hair should be shaved in order to fit an N95. Employees who wish to request a religious exemption from shaving should inform their managers or Human Resources to follow the exemption-request process.

Q: How long can PAPR hoods be used?
A: As a conservation measure, PAPR hoods may be worn continuously by the same healthcare worker for multiple patients up to multiple shifts.

- Staff should write their name on the PAPR hood and store it in the anteroom between uses. Departments should ensure a marker is available to write names.
- Outside of the PAPR hood must be cleaned between every use with a disinfectant wipe (sani-cloth, bleach wipe).

Q: What is my region-specific process for checking out a PAPR?
A: For region specific PAPR details, please review policy titled Respiratory Protection Program (NMHC HS 04.0210) and refer to the related document titled “Process for Obtaining a PAPR.”

Q: Are training resources available for a PAPR, if needed?
A: Yes. For a refresher on PAPR use, individuals may self-enroll into the e-learning module titled “Respiratory Protection Program.” When prompted within the module, select “I am a Powered Air Purifying Respirator (PAPR) User” and then select the region in which you work.

Gown
Q: When should I wear a gown?
A: Follow the isolation sign on patient’s door, which outlines contact precautions requiring gown use.

Q: Should I re-use an isolation gown for multiple patients?
A: No, the isolation gown is contaminated due to close interaction with the patient and can be a source of
transmission to other patients and staff. Isolation gowns are single-use and should be discarded after each patient’s care.

**Face Shield or Goggles**

**Q: When am I required to wear eye protection?**

**A:** The CDC has updated their guidance that all staff caring for unmasked patients should wear eye protection regardless of COVID status. [Click here](#) for additional information.

- When interacting with patients, all staff should wear NM-issued masks.
- Patients should be asked to wear a mask and ideally an NM-provided mask. Exceptions are as follows:
  - Patient unable to wear a mask or cannot tolerate the mask
  - Pediatric patient
  - Mask must be removed to provide care
  - Patient is in an inpatient room
- If a patient is unable to wear a mask either because they cannot tolerate the mask, are not required to wear a mask (e.g. inpatient rooms) or the mask must be removed to provide care, staff should wear:
  - The usual universal mask
  - Eye protection (goggles or face shield). Please note that goggles are preferred if splashing may be expected. Otherwise, either option is acceptable.
- Eye protection may be worn continuously as long as it is not soiled, damaged or contaminated. See PPE Re-Use guidelines linked [here](#).
- Disinfect face shields or goggles whenever removed, using gloves and approved hospital-grade wipes.
- This applies to any staff in a room with a patient or transporting a patient. This does not apply to public areas or waiting rooms.

**Q: Which staff need to wear eye protection?**

**A:** All staff who have an interaction with a patient who is not able to or not required to wear a mask should wear eye protection. This includes clinical staff, environmental services and patient transport. Staff do not need to wear eye protection when in public areas or waiting rooms.

**Q: Should I wear eye protection in administrative offices, public areas and break rooms?**

**A:** No. Eye protection is only needed when interacting with patients who are not masked.

**Q: Can I use the same eye protection with multiple patients?**

**A:** Yes, it is safe to reuse eye protection with multiple patients as long as the eye protection is not soiled or damaged. See specific guidelines on safe PPE re-use [here](#).

**Q: When and how should I clean goggles or face shields?**

**A:** Goggles and face shields should be cleaned whenever they are removed from your face. You can clean and disinfect face shields or goggles by using gloves and approved hospital-grade wipes. If a film is left on the surface after cleaning, you can rinse the eye protection with a wet paper towel.

**Q: When should I wear a face shield?**

**A:** A face shield or goggles should be worn if the isolation sign indicates eye protection or whenever a body fluid splash is expected. A face shield may be preferred rather than goggles for visibility, comfort and ease of use. A full-face shield also provides some protection to the mask from contamination.

**Q: How do I safely reuse a face shield or goggles?**

**A:**
- A face shield or goggles may be worn throughout your shift between different patients. Take care not to touch your face shield or goggles. Appropriate hand hygiene must be performed if you do.
• Your face shield or goggles must be cleaned whenever they are removed from your face, are visibly soiled and at the end of your shift.

• To clean your face shield or goggles: While wearing gloves, carefully wipe the inside, followed by the outside of the face shield or goggles using a hospital disinfectant wipe. Allow the item to fully dry, remove gloves and perform hand hygiene. If a film is left on the surface after cleaning, you can rinse the eye protection with a wet paper towel.