

CLINICAL FAQs FOR NM WORKFORCE

Updates January 18: *“Under the City of Chicago Emergency Travel Order, who needs to be screened in an inpatient setting following travel to a state experiencing a surge in COVID-19 cases?”* on page 1 was updated

UPDATE Q: Under the City of Chicago Emergency Travel Order, who needs to be screened in an inpatient setting following travel to a state experiencing a surge in COVID-19 cases?

A: Any visitor going to an inpatient unit will be screened through our established process with symptom and temperature checks. For NM facilities within the City of Chicago, the city has issued a Travel Order applicable to anyone, including visitors, coming into the City of Chicago from designated states with a significant degree of community-wide spread of COVID-19. Anyone traveling from a state on the Orange list is directed to obtain a negative COVID-19 test result no more than 72 hours prior to arrival in Chicago or quarantine for a 10-day period (or the duration of their time in Chicago, whichever is shorter). If they cannot take a test prior to arrival, they have the option to take a post-arrival test in Chicago. The individual must quarantine until they receive a negative test result.

Read the order at: <https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>.

If a visitor fails the temperature/symptom screen **OR** if the visitor has traveled to a state identified with a significant degree of community-wide spread of COVID-19 by the City of Chicago, they will not be allowed access. Compassionate exceptions may be allowed in end-of-life circumstances for visitors with recent travel to an identified state and who are negative for symptoms and temperature. It is required the visitor complies with NM’s universal masking policy in order to visit a patient.

Please note that patients do not need to be screened. Per the order, patients seeking medical care are exempt including both inpatient and outpatient services. Care providers are protected from asymptomatic exposure by NM’s PPE policies, including universal masking and eye protection.

Q: Under the City of Chicago Order, who needs to be screened in outpatient/ambulatory, OR/procedure and HOD settings following travel to a state experiencing a surge in COVID-19 cases?

A: Those individuals coming to NM facilities and their companions are not required to be screened in these cases beyond the existing temperature and symptom screening already in place. Patients seeking medical care are exempt from the order. Companions and patients should adhere to our universal masking policy. If feasible, clinics can convert appointments to telehealth visits for patients who have recently traveled to a state that has been identified by the City of Chicago as containing community-wide spread of COVID-19, but appointments should not be cancelled if telehealth is not an option.

Q: As a staff member or physician caring for COVID-19 patients, 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. Please talk to your manager regarding the availability of hospital-laundered scrubs on inpatient units.

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 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, regardless of the patient's COVID-19 status, 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. [Click here](#) for a PPE guide specific to oxygen devices and AGP's.

Please [click here](#) to see a list of procedures that may produce aerosolized respiratory secretions. 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: Can staff safely enter a patient room after an AGP was completed?

A: Yes. It is safe to enter a room after an AGP if staff wear a N95 respirator or PAPR to protect against any aerosolized particles.

Q: What precautions are required for RCOVID-19 or COVID-19 in inpatient and ED areas?

A:

- Per CDC guidance, COVID-19 is transmitted by droplets and contact with contaminated surfaces. You should follow droplet and contact precautions (surgical mask, gown, gloves) along with 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).

- 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.
- Additional guidance and information is available on the [PPE Resources Page](#).

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: Is more than one caregiver or staff member allowed in a COVID-19 patient room at the same time and why has the practice changed?

A: Yes. Multiple staff may be in the room at the same time. We know more about the transmission of the virus now than we did at the beginning of the pandemic. Wearing the appropriate PPE and taking care when donning and doffing PPE will reduce risk of exposure to COVID-19.

Q: How do I manage patients with an influenza-like illness (ILI) or COVID-19-like illness (CLI) who are negative for COVID-19 and flu but have a pending Respiratory Pathogen Panel (RPP)?

A: Caregivers should treat the patient as a Person Under Investigation (PUI) and follow COVID-19 precautions. If an AGP is performed, use an N95 respirator or alternate in addition to standard precautions of a gown, gloves and eye protection.

Q: How should negative-airflow rooms or airborne infectious isolation room (AIIRs) be prioritized if we have an influx of patients who require AGPs?

A: Prioritization of rooms is a local operational decision by clinical leadership. These rooms should be reserved for patients who have an airborne-communicable disease such as TB, varicella or measles, and those who require continuous AGPs.

Q: Do patients who are undergoing AGPs require a negative-airflow room or airborne infectious isolation room (AIIR)?

A: No. Regardless of a patient's flu or COVID-19 status, they may be managed in a standard room. Place the [AGP Safety](#) sign on the door indicating time the procedure ended. Keep the door closed during AGP. Use an N95 respirator or alternate, plus gown, gloves and eye protection during the procedure. [See PPE Guidelines](#).

Q: Can my patient who is ILI/CLI, COVID-19 and flu negative, and who is receiving AGPs, still have visitors?

A: Yes. [See the visitor policy for the most up-to-date information](#).

Q: How do we turn over a standard inpatient room after an AGP?

A: Follow protocols below depending on the patient's ILI/CLI, COVID-19 and/or flu status.

For Positive ILI/CLI, COVID-19 and/or flu patients: Place the [AGP Safety](#) sign on the door indicating the time the procedure ended. During the usual air exchange waiting period, staff should use an N95 respirator or alternate, plus gown, gloves and eye protection if they need to enter the room.

For Negative ILI/CLI, COVID and flu patients: While not required, ease of daily operations makes it preferable to follow one standard process for all patients after an AGP is performed in an inpatient room. Place the [AGP Safety](#) sign on the door indicating the time the procedure ended. During the usual air exchange waiting period, staff should use an N95 respirator or alternate and eye protection if they need to enter the room.

Q: How do we turn over a procedure room or operating room after an AGP?

A: Follow protocols below depending on the patient's ILI/CLI, COVID-19 and/or flu status.

For Positive ILI/CLI, COVID-19, and/or flu patients: Place the [AGP Safety](#) sign on the door indicating the time the procedure ended. During the usual air exchange waiting period, staff should use an N95 respirator or alternate, gown, gloves and eye protection if they need to enter the room.

For Negative ILI/CLI, COVID and flu patients: Air exchanges are not required. Staff should follow the normal room turnover procedures.

Q: Do we need to wait for air exchanges after an AGP is performed on a patient who is ILI/CLI, COVID-19 and flu negative prior to placing a new patient in a procedure, surgical or hospital outpatient room?

A: No. A new patient may be safely moved into the room after it has been cleaned.

Q: With the enhanced PPE precautions, should the door be closed when there are continuous AGPs (such as nebulizer, BiPAP, CPAP or high-flow oxygen) for patients who are ILI/CLI, COVID-19 and flu negative?

A: You may keep the doors to patient rooms open if it enhances patient safety and allows closer monitoring to help prevent patient falls for patients who are ILI/CLI, COVID-19 and flu negative.

Q: What is the recommendation for patients who are positive for ILI/CLI, COVID-19 and/or flu requiring AGPs that are in double-occupancy rooms or other shared spaces?

A: AGPs must be performed in a private room, and every staff member should wear an N95 respirator or alternate in addition to gown and gloves and eye protection. See the [list of AGPs](#).

Q: Which isolation sign do I use if my patient who is ILI/CLI, COVID-19 and flu negative needs AGPs?

A: Patients who are negative for COVID-19 and flu do not require isolation. However, as a standard approach, when AGPs are performed in the inpatient setting, the [AGP Safety](#) sign should be used to signal the time the procedure ended.

Q: Can specimens from suspected or confirmed patients with COVID-19 be sent through pneumatic tubes?

A: Yes. Specimens can be sent via the pneumatic tube system but must be double-bagged to avoid leakage.

Q: Can I get a signature on a paper form from a patient in 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 should be discarded. Please refer to the [Disposition of Patient Supplies Algorithm](#) for guidance.

Q: What cleaning products can I use for the room and equipment?

A: Routine cleaning products and hospital-approved disinfectants can be used. Disposable rags and mops will continue to be used for daily room cleaning. Upon completion of a daily clean, mop sticks should be sanitized first and then removed from the patient room. Regular rags and mops can be used on a discharge clean after waiting the appropriate room hold time-out period to ensure appropriate air clearance. 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?

A: See [Patient FAQs: Medications and COVID-19](#).

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 Resources](#) for PPE recommendations. If an employee believes that their own medical condition prevents them from accepting an assignment or reassignment, they should discuss this with their manager.

Employees who refuse to accept assignments without first discussing their concerns with their manager may be subject to corrective action. The Rules for Personal Conduct will apply to employees who refuse assignments or to care for patients without a documented and approved reason. The Rules for Personal Conduct can be found in Policy Manager under NMHC Human Resources.

PERSONAL PROTECTIVE EQUIPMENT

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.

Regardless of a patient's infection status, the CDC recommends that all patients be treated with an expanded package of universal precautions that includes both mask and eye protection when there is moderate COVID-19 transmission in the community.

This 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 caring for any patient, *whether COVID-19 positive, negative or unknown*, a face mask should be worn. All staff interacting with a patient who is not able or not required to wear a mask should also wear eye protection. This, along with gloves when blood or body fluid exposure might be expected and other traditional precautions, constitutes "universal precautions." Eye protection includes safety glasses and goggles that provide a seal around the eyes. Goggles that provide a seal are appropriate especially when working with fluids where the risk of splashing might be expected.

- **Eye protection is required in hospital inpatient units, EDs, observation units, operating rooms and procedure areas** for all patient care interactions.
- **Eye protection is required in all other patient care settings** – including physician offices, and

outpatient and ambulatory sites – for patient care interactions **when the patient cannot wear a mask correctly and consistently.**

This policy **applies** to physicians and clinical staff, Environmental Services, Food Service, Patient Transport and all other staff interacting with patients. This policy **does not apply** to staff in public areas, waiting rooms and non-clinical facilities.

We expect these guidelines to continue to iterate as the pandemic recedes or vaccination and additional 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 is required when entering a room where the patient is mechanically ventilated?

A: Follow protocols below depending on the patient's ILI/CLI, COVID-19 and/or flu status.

For Positive ILI/CLI, COVID-19 and/or flu patients: Staff must wear an N95 or equivalent, eye protection, gown and gloves.

For Negative ILI/CLI, COVID-19 and flu patients: Staff must wear an N95 or equivalent and eye protection. Don gown and gloves if you anticipate the need to perform an AGP such as a filter change, circuit disconnection or resuscitation.

Q: What protocols and PPE are required when entering a room where the patient requires continuous AGPs such as nebulizers, BiPAP, CPAP or high-flow oxygen?

A: Please follow protocols below depending on the patient's ILI/CLI, COVID-19 and/or flu status.

For Positive ILI/CLI, COVID-19 and/or flu patients: Place the [AGP Safety](#) sign on the door and write "continuous" in the "Time AGP ended" space. The sign should remain in place and the door should remain closed at all times. Staff members should always wear N95 respirators or alternate, glove and gown, plus eye protection when entering the patient room. See [Guidelines for Safe Use & Re-Use](#).

For Negative ILI/CLI, COVID-19 and flu patients: Place the [AGP Safety](#) sign on the door and write “continuous” in the “Time AGP ended” space. The sign should remain in place at all times. The door may remain open if desired. Staff must wear N95 respirator or alternative and eye protection.

Q: What PPE is required for those performing an AGP in a non-inpatient setting?

A: Regardless of COVID-19 status, all individuals in the procedure room during an AGP must don required PPE:

- N95 mask
- Goggles
- Gown
- Gloves

After the AGP is performed, the [AGP Safety](#) sign must be posted on room and the time the procedure ended must be recorded. Appropriate PPE must be worn when entering room until **time clear** has been reached.

PPE is not required to enter room following AGPs performed in the ED, ambulatory clinics/physician offices, hospital outpatient departments, procedural areas and operating rooms if patient is COVID-19 negative.

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: Do staff have access to masks with a clear window to help promote effective communication with individuals who lip read such as those who are deaf or hard of hearing?

A: Yes. Masks with a clear window are available to support effective communication with patients who lip read in approved areas. Please note that while NM is working to procure these specialized masks, they remain in short supply and should only be used for this limited purpose. Additional information on the approved areas for usage, process to obtain the masks and how to don/doff the masks can be found [here](#).

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: Discard 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: All patients and visitors are to be offered an NM-provided medical 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 medical mask. Under no circumstances should a patient or visitor be allowed to wear an exhalation valve mask unless it is covered by an NM-provided mask. No visitor should be given an NM- issued N95 respirator.

Patients should be asked to wear a mask and ideally an NM-provided medical mask. Exceptions are as follows:

- Patient unable to wear a mask or cannot tolerate the mask
- Pediatric patient younger than 2 years of age
- Mask must be removed to provide care

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: Am I able to remove my mask to communicate with a person with a hearing impairment and need to facilitate lip reading?

A: Yes. Staff may remove their face mask only if required for an encounter with an individual with a hearing impairment to facilitate lip reading. Staff must remain behind the Plexi-glass barrier or wear a face shield and maintain a distance of six feet.

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. 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 [videos on NMI](#).

Q: When caring for COVID-19-positive patients in the same room, do I need to change PPE between patients?

A: When caring for COVID-19-positive patients admitted to the same room, you may continuously wear your mask and eye protection. 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. See [Guidelines for Safe Use and Re-Use of PPE](#).

N95 Respirator

Q: When should I wear an N95 respirator?

A: Staff should wear an N95 respirator if the patient is on airborne isolation or requires an AGP. See 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 for multiple patients as long as it is not soiled, torn or difficult to breathe through. You can remove the N95 and store it in a paper bag and then don it again. You should discard your N95 respirator at the end of your shift and in the following scenarios:

- When the surface of the N95 becomes contaminated with blood, nasal or respiratory secretions or other bodily fluids. Scenarios where this is likely to occur include CPR, bronchoscopy, intubation, extubation, open suctioning and manual ventilation.
- 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: A face shield is preferred, as it helps protect the eyes and face from splashes and may reduce contamination of the respirator.

Q: Should I discard my N95 if it is covered with a surgical mask or face shield?

A: You should only discard your N95 in the following circumstances:

- When the surface of the N95 becomes contaminated with blood, nasal or respiratory secretions or other bodily fluids. Scenarios where this is likely to occur include CPR, bronchoscopy, intubation, extubation, open suctioning and manual ventilation.
- If it fails the seal test, tears or breaks.
- If it becomes hard to breathe through.

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 respirator fit test on a case-by-case basis to anyone who needs help achieving a proper fit.
- Reach out to your manager for instructions on how to obtain an alternative respirator, such as a Powered Air Purifying Respirator (PAPR) or elastomeric respirator.

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 when you 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 (sanicloth, 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 should I wear eye protection in hospital, ED, observation unit, operating rooms or procedure areas?

A: Eye protection should be worn for all patient care interactions. This applies to clinical staff, environmental services, food services and patient transport. Inpatients cannot always tolerate a mask and may not wear it correctly at all times. Splash, spray or droplet transmission is not highly likely through the ocular route, but it can occur. Staff do not need to wear eye protection when in public areas or waiting rooms.

Eye protection may be worn continuously as long as it is not soiled, damaged or contaminated. See PPE Re-Use guidelines [here](#). Disinfect face shields and goggles whenever removed, using gloves and approved hospital-grade wipes.

Q: When should I wear eye protection in the clinic or outpatient setting?

A: Eye protection should be worn for all patient care interactions when the patient cannot wear a mask correctly and consistently. Staff do not need to wear eye protection when in public areas or waiting rooms.

Eye protection may be worn continuously as long as it is not soiled, damaged or contaminated. See PPE Re-Use guidelines [here](#). Disinfect face shields and goggles whenever removed, using gloves and approved hospital-grade wipes.

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 wear my own eye protection (goggles or face shield)?

A: At this time, we have enough inventory to provide all physicians and staff appropriate eye protection. We are **requiring** the use of NM-issued goggles and face shields for staff who are interacting with patients who are not able to or not required to wear a mask.

Q: Are my ordinary vision glasses considered effective eye protection?

A: No. Ordinary vision glasses do not provide complete protection from splash, spray or droplets, and are not approved eye protection. NM-provided goggles are approved eye protection.

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 should I wear a face shield?

A: A face shield and goggles should be worn if the isolation sign indicates eye and face protection or whenever a body fluid splash is expected. 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.