

Universal Masking

The health of our team members while caring for patients remains a top priority. Starting today, Monday, March 30, we are rolling out universal masking to help protect team members from community spread of COVID-19. This means that North Memorial Health, Maple Grove Hospital and Blaze Health team members may wear face masks at all times while at work. While universal masking is not mandatory at this time, we are strongly recommending it to protect our team members and patients.

At this time, universal masking does not apply to patients or visitors, but this may change in the future.

Universal Mask Types:

The type of mask you wear is dependent on where you work in our facilities and your role in caring for our patients. We will use the following definitions in determining your mask type.

- **Team members caring for COVID positive or COVID rule-out patients** will continue to follow our current PPE guidelines, including preservation and re-use guidelines.
- **Bedside (direct) care team members** are those who interact with non-COVID patients routinely for more than 10 minutes at a time within a 6-foot area. These team members will be provided one surgical/procedural face mask for their shift (up to 12 hours).
- **Non-bedside (non-direct) care team members** are those who have brief or no interactions with patients for more than 10 minutes at a time within a 6-foot area. These team members will not be provided a mask, but they may use face masks from other sources (i.e.: hand sewn masks). Please note that hand sewn, homemade masks are not considered PPE.

Moving to universal masking requires that we carefully follow two practices: uninterrupted use and careful reuse to appropriately manage our current PPE supply.

Uninterrupted Use

Uninterrupted use is the practice of wearing the same face mask or N95 for an extended period and for repeated close contact encounters with several different patients, without removing the face mask or N95 between patients. The expectation is that team members will wear the same face mask or N95 for their full shift. If the face mask or N95 respirator needs to be removed, team members should follow the careful reuse steps. Once you put a mask on, keep it for the entire shift unless soiled, damaged or hard to breathe through.

Guidelines for use:

- Do not wear your mask around you chin or neck. You may contaminate on the OUTSIDE of your mask.
- For patients in droplet/contact or full barrier isolation (including COVID patients), uninterrupted use and careful reuse of facemasks and N95 respirators is only acceptable if a barrier is present to shield from droplets.
- Please refer to COVID-19 PPE conservation guide for details.

Careful Reuse

Careful reuse involves removing your face mask or N95 as needed, placing it in a paper bag or hanging it from a command hook, and then donning again.

Examples of when you would practice careful reuse:

- Team member moving between 2 patients, 1 requiring droplet/contact isolation (standard procedural mask), and another requiring full barrier isolation (N95 mask)
- Team member break requiring access to the nose or mouth

Examples when you don't re-use:

- When the mask becomes visibly soiled, wet, or damaged
- The mask becomes hard to breathe through
- At the end of a 12-hour shift

FAQs

What does N95 respiratory and face mask conservation mean?

To ensure we will continue to have enough N95 respirators and face masks to care for COVID-19 patients we need to conserve our personal protective equipment (PPE) as much as possible.

We are implementing two tactics for N95 respirators and face masks at this time:

1. Uninterrupted use
2. Careful reuse

What if I am caring for 2 patients and one is on droplet precautions and the other is on full barrier precautions (ex. critically ill COVID or aerosolizing procedure and COVID)?

Staff should use the standard procedural/surgical face mask as their universal mask for the shift. For the full barrier precautions patient (ex. critically ill COVID or aerosolizing procedure and COVID), staff should use their N95 respirator for that patient.

Steps for switching between a universal procedural/surgical face mask and N95 re-use mask below:

1. Doff standard procedural/surgical face mask per protocol and practice careful reuse (store in paper bag or on hook)
2. Perform hand hygiene
3. Don N95 respirator per protocol, including seal check
4. Cover N95 with:
 - a. Full face shield, or
 - b. Eye protection plus a mask cover over N95 (standard procedural/surgical face mask can be used as a mask cover), or
 - c. Droplet mask (combo mask/visor)
5. On exit of room, goal is to keep N95 on your face and avoid touching it:
 - a. If used, remove full face shield or eye protection and retain for disinfection
 - b. If used, remove and discard droplet mask (combo mask/visor) or mask cover - these cannot be re-used
6. Perform hand hygiene
7. Remove N95 and place in designated paper bag with staff member name on it
8. Perform hand hygiene
9. Don standard procedural/surgical face mask

*If you prefer keep the N95 respirator as your universal mask that is acceptable

If I am on a non-ICU unit, but my patient on droplet precautions gets an aerosol generating procedure what do I do with my face mask and N95 respirator?

All non-essential personnel should be excluded from the room during the aerosolizing procedure. If the patient's condition requires additional support (e.g. nursing assistance), then full barrier precautions should be followed by everyone in the room. Follow steps in previous question.

What do I do when I need to touch my N95 respirator or face mask?

You should try very hard not to touch your N95 respirator or face mask! However, if you do have to touch your N95 respirator or face mask, hand hygiene must be performed before and after touching the N95 or face mask.

What if I accidentally touch the front of my N95 respirator or face mask?

You should try very hard not to touch your N95 respirator or face mask! However, if you do touch your N95 respirator or face mask, hand hygiene must be performed after touching the mask. Do not throw away your N95 respirator or face mask unless:

- the mask becomes visibly soiled, wet, or damaged or
- becomes hard to breathe through

How do the conservation tactics work with isolation patients?

You would follow all normal donning/doffing procedures for that isolation patient, while keeping your N95 respirator or face mask on after caring for the isolation patient. Reminder: Reuse of face masks or N95 respirators CANNOT occur after caring for any patient in droplet/contact or full barrier precautions (including COVID patients) UNLESS used they are used with a:

- Full face shield, or
- Eye protection plus a mask cover over N95 (standard procedure/ surgical face mask can be used as mask cover), or
- Droplet mask (combo visor/mask)

Is universal masking mandatory?

No, it is not mandatory at this time, but it is highly recommended to practice universal masking to help protect our patients and team members.

Can I bring my own mask from home?

Bedside (direct) care team members should use North Memorial Health, Maple Grove Hospital or Blaze Health-provided face masks as personal protective equipment.

Non-bedside (non-direct) care team members can use a mask from home, including homemade masks. These masks are not considered personal protective equipment.

Can I give a homemade mask or homemade mask to patients or visitors?

No. If you have homemade masks that you would like to donate, please donate them through the Foundation.

Should I take my N95 respirator or face mask off when I go to the bathroom?

No, this is not needed. The thought process is that you consider this as part of your work attire. If you do take your mask off, follow the careful re-use procedure.

Is keeping your N95 respirator or face mask below your nose or chin okay?

No, because it risks contaminating yourself with the outer portion of the mask touching your mouth.

Is the droplet mask reusable (combo mask/visor)?

No, our recommendation is to use a standard procedural/surgical face mask without eye shield as your universal mask for a single shift. You can use a droplet mask (combo mask/visor) as a cover for your standard face mask or N95 with isolation patients. It needs to be discarded after that use as it is assumed to be contaminated with droplets.

Can I reuse eye protection?

Yes, eye protection (including goggles) should be cleaned and reused until damaged.

Can I reuse face shields?

Yes, full face shields should be cleaned and reused until damaged.

What wipes can be used for disinfection of eye protection and face shields?

PDI wipes (or designated replacement) are acceptable (purple, gray). Bleach is not needed.

Where can providers get their face masks?

Providers can get their daily face mask from the local unit or clinic manager, charge nurse, supervisor or designee.

Where do bedside (direct) care team members get their face masks?

Staff can get their face mask from their local unit manager, charge nurse, supervisor or designee.

Does universal masking apply to patients?

No, universal masking is for staff. Patients are provided a face mask only if indicated based on screening.

Why are we using paper bags to store our PPE and how do we use them appropriately?

- Breathable paper bags are preferred for careful reuse of N95 respirators and face masks
- Paper bags are preferred because they are cheap, breathable and disposable.
- Other types of containers, such as plastic containers with holes in them, do not have the advantages of paper
- Supply chain can provide paper bags
- Plastic bags can be used for reusing eye protection and face shields
- Discard your bag when you discard your face mask