**FAQ: Wearing Procedure Masks While Working at Sites Across NYGH**

**March 24, 2020**

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1. Is the hospital running out of masks?

No, the hospital has a good supply of masks. There were logistics issues in the first few days but those are getting addressed.

1. How do I receive my daily procedure mask allocation?​

Each staff and approved visitor will receive 2 procedure masks upon entry to NYGH (all locations) at the time they get screened. The first mask will be donned after sanitizing hands. It is the responsibility of the staff to keep the second procedure mask secure until its use for the second part of their shift.​

1. Do I wear it while I am in the hallways or nursing station?​

Yes, the procedure mask should be worn at most times (other than eating/drinking).​

1. What if I see a patient in droplet contact precautions?​

The procedure mask should continue to be worn unless the surface of the mask becomes contaminated. Wearing a visor will protect the surface of the mask from contamination during procedures. In the even the mask becomes visibly contaminated, please contact your manager in the event that occurs. ​ Visors are **not** required to be worn by all staff all the time.

1. If I am seeing many patients on droplet contact do I need to dispose of the visor after each patient?​

No, the mask and visor can both continue to be worn while working in the clinical area. Staff should not touch the front of the visor or mask with their hands. Hands should always be clean when removing the visor/mask (only touch the portion of the visor/mask at the back of the head. There is a video available on area that outlines PPE conservation strategies such as this for your reference. ​

1. What if, mid-shift, I need to don an N95 respirator in accordance with NYGH IPAC guidance?​

In the event you need to don an N95 respirator mask (eg, ICU care/ aerosol generating medical procedure), dispose of the procedure mask and continue to wear the N95 mask until/unless the surface of the N95 respirator becomes contaminated. As long as a visor is worn over the mask, the surface should be considered clean. If, during the procedure the mask does become contaminated/visibly or soiled, then it is to be discarded as per normal doffing sequence ensuring hand hygiene is done as required. ​

1. What do I do when I want to eat?​

The first mask can be discarded at the time of your lunch break. Hands should then be sanitized and you can proceed to eat. Maintain spatial separation of 2m from other staff/visitors.​

1. Can I remove the mask during my break?​

In the event you need to remove your mask with a plan to re-don it, you should sanitize your hands then carefully remove the mask by touching only the ear loops or ties. The mask can then be placed face down (contaminated/exposed side down) on a piece of tissue/power towel. Once you have finished drinking/snacking, sanitize your hand again and carefully pick up the mask by the ear loops or ties and re-don it being careful not touch the front of the mask. Discard the tissue/paper towel and finally, re-sanitize your hands again.​

1. Do I have to change my mask/visor every time I go into a patient room? What if I have to move through different types of patients with different mask requirements? As per PPE conservation strategies the mask and visor combination can be kept on between patients provided that they are not inadvertently or visibly contaminated. If a procedure mask/visor is recommended then only the gown and gloves are to be removed after each patient.
2. Do I need to be clean shaven to properly wear a procedure mask?

No, one does not have to be clean shaven to properly wear a procedure mask. If staff were required to wear an N95 respirator they would be required to be clean shaven to ensure that a proper seal is achieved

1. What procedure requires staff to wear an N95 respirator?

The N95 respirator is recommended for high risk procedures in patients with risk factors for respiratory illness including:

* Protected Code Blue/Protected Code Pink (please see end of document for additional guidelines)
* Endotracheal intubation
* Disconnection of mechanical ventilation from closed circuit (e.g. airway suctioning, preparation for transport)
* BiPAP, Nebulized medication therapy, High-flow nasal cannulae \*
* Bronchoscopy
* Percutaneous tracheostomy
* Bag-valve mask/ambu-bag

\* these treatments should be avoided in suspected/confirmed cases