1. Are facemasks and respirators the same thing?
No. Respirators are designed to seal more tightly around the sides and generally have thicker filtering material than facemasks. The most common type of respirator is an N95 respirator.

2. Are there different types of facemasks? Does it matter which one I use?
Any facemask is appropriate for universal masking. The ASTM (American Society of Testing and Materials) levels have to do with fluid resistance, with higher level facemasks reserved for surgical procedures.

3. What kind of protection should be used when caring for a patient known or suspected to be COVID-19 positive?
When clinicians and staff are engaged in patient care of a COVID patient/patient under investigation (PUI) or when within 6 feet of a COVID patient/PUI, a respirator is the preferred respiratory protection along with eye protection (face shield or goggles), gloves and a gown. If a respirator is unavailable, a face mask may be used as long as you are not performing a high risk aerosol generating procedure (see YNHHS PPE Policy for list of these procedures).

4. If SARS-CoV-2 is airborne, shouldn’t we all be using respirators?
COVID-19 is thought to be transmitted primarily by respiratory droplets and close contact. YNHHS is providing respirators/face masks in accordance with established policy along with face shields, gowns and gloves to those providing direct care to COVID-19 patients. Respirators are not needed for individuals who are not in close contact with COVID-19 patients as long as they are not performing a high risk aerosol generating procedure (see YNHHS PPE Policy for list of these procedures).

5. What is the role for using facemasks (not respirators) at YNHHS?
Because some people with COVID-19 do not have symptoms or show only mild symptoms, using facemasks in the general hospital environment makes it less likely that an infected individual with only mild or no symptoms could accidentally infect others. Facemasks may also provide some protection to the individual wearing them.
6. What is Limited Reuse?
Limited reuse is recommended as acceptable practice by the CDC in times when supplies of personal protective equipment are limited. Respirators and facemasks are not required to be discarded after a single use; in fact they can be used over the entirety of a work shift.

7. Is Limited Reuse safe?
YNHHS has provided video instruction regarding safe donning, doffing and re-use of personal protective equipment. Our re-use and extended use policies are in accordance with recommendations from the CDC.

8. Why are we employing Limited Reuse at YNHHS?
There are serious national shortages of personal protective equipment. We are practicing reuse and extended use in order to ensure we do not exhaust our supplies.

9. Why are we using paper bags to store N95s between uses? Is this standard? I’d prefer to store it in a Ziplock bag – isn’t that better?
The CDC recommends storage in a paper bag rather than a plastic bag because the paper bag allows the respirator or facemask to dry between shifts.

10. When should I be discarding or reprocessing my N95?
For those involved in patient care requiring frequent use of the N95 respirator, it is expected that the respirator should be placed in a bin for reprocessing at the end of the workshift. Respirators which have become visibly soiled or damaged should be discarded.

11. When should I be discarding or reprocessing my facemask?
Depending on expected patient contact as stated in the PPE policy, employees may receive one facemask a week or on a daily basis. At the end of this time period, the facemask should be placed in a bin for recycling. If the facemask becomes visibly soiled or damaged before that time it should be discarded and replaced.

12. I’ve been holding on to my N95 and using it for multiple days. I’m doing this to decrease use but also because I’m concerned that there may not be one for me when I come in for my next shift. Is this ok?
Our goal is to keep you safe. We’d prefer that you reprocess your N95 instead of using it for multiple days. Visibly soiled or damaged PPE should not be used.
13. Is reprocessing safe? Are other centers doing this? What does the CDC say about it?

Yes. Reprocessing of respirators has been extensively studied and the processes being used by YNHHS are in alignment with recommendations from the CDC. Reference: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuserespirators.html

14. When will we be using reprocessed respirators?

Reprocessed respirators will be used when we have run out or have a critically short supply of a particular device or model.

15. How can I help with reprocessing?

Submit your respirators and facemasks for reprocessing and encourage your peers to do the same. Please do not throw away facemasks or respirators that are not visibly soiled or damaged. Reprocessing is a vital to having enough PPE.

Please do not wear makeup such as foundation or lipstick as they soil the facemasks and respirators making them ineligible for reprocessing. *Makeup is the #1 cause of being unable to reprocess.*

16. Will we be starting to see different respirators for us to use?

In some areas, reusable elastomeric respirators and powered air-purifying respirators (PAPR) are being used but supplies are extremely limited. In addition, as the COVID-crisis unfolds, new N95s, occupational/industrial N95s, and N95-equivalents from other countries will be used. You should expect to see a wide variety of new equipment.

17. Will I be fit tested to all the different respirators? If not, how can I check the fit?

Individuals using PAPRs may need some guidance for use. Those using elastomeric respirators will undergo fit-testing by Occupational Health. Staff performing procedures with high risk for aerosol generation should use a fit-tested N95. A non-fit tested N95 respirator, when they are available, are appropriate for other aspects of COVID-19 patient care.

18. I was fit tested to a respirator and it is no longer available. What should I do?

If you are performing care of a COVID-19 patient that does not involve a high risk aerosol generating procedure, you can safely use an alternative respirator without a fit test.
19. Why am I only getting one facemask per week? Are there some people who should be getting facemasks more frequently?

People getting one facemask per week are in jobs that require less frequent patient contact. Reference the chart included in the YNHHS PPE policy for additional information. If it seems that your job requires more frequent use of respiratory protection, please discuss this issue with your supervisor who can review with Corporate Supply Chain.

20. My facemask or respirator is soiled or damaged. Do I have to keep using it?

No. If a facemask or respirator is damp, wet or damaged, it is not to be used. Please place it in the recycling bin and speak with your supervisor to get the PPE you need.

21. Should I wear a facemask over my respirator to help preserve it?

Generally, this is not necessary. However, if you think the care you'll be providing to the patient may lead to a splash or spray of body fluids which may soil your respirator, a facemask with an integrated face shield or a large face shield which covers the face mask is preferred to allow protection of your respirator.

If you are using an occupational N95 in the operating room, a surgical mask can be worn over it to provide a fluid barrier.

22. I have a facemask or N95 at home. Can I wear that while I am in the hospital?

The use of personal protective equipment from home is discouraged.

23. I’m in Protective Services and was called to help with a COVID patient. I needed PPE and the staff at the treating location said that they couldn’t give me PPE. What should I do?

Staff safety is vitally important. Protective Services personnel who are called to intervene with a COVID-19 patient/patient under investigation (PUI) should don gown, gloves, eye protection and a respirator. The N95 respirator does not need to be fit tested. If issues arise with obtaining the required PPE, contact your supervisor, leadership in the clinical area where you are working, or the executive on call.

24. I work at a treating location. Someone from facilities needs access to a COVID patient’s room and is asking for PPE. Should I give it to her? What if we run out in our area because of this?

Yes. If more is needed, follow the usual protocols and your supplies will be replenished. Let’s all keep each other safe!
25. What should I do if I think I need PPE and I don’t have it?

Speak with your supervisor. If your supervisor is not available and you are in a clinical area, speak with the PSM/Nurse Manager or Charge Nurse. If all else fails, call your Corporate Supply Chain representative or the Off Shift Executive.

26. I hear people saying that we have enough PPE but it doesn’t seem that way on the floor. Why is that?

We have a sufficient supply at present but need to remain vigilant.

You may not see the PPE because inventory is not stored in treatment areas. Supplies are delivered on a regular basis. In addition, in most locations, PPE is being secured by floor leadership to prevent misuse or theft and is being distributed as needed.

If you feel that there is not adequate PPE in your area, please discuss with your supervisor. If the supervisor finds that supplies are not adequate, they should contact Materials Management to obtain more.

27. What is a PAPR and who should use one?

PAPR stands for Powered Air Purifying Respirator. A PAPR consists of headgear (i.e. hood), a battery powered fan, and a filter. A PAPR is equivalent to a N95. PAPR supplies are extremely limited. PAPRs should be used by staff unable to use more common respirators such as the N95. For example, PAPR can be used by providers who both failed fit testing and perform aerosol generating procedures.

28. I am going to intubate someone. I have an N95, but shouldn’t I have a PAPR instead?

N95 and PAPRs both provide the level of respiratory protection needed for intubation and other high-risk aerosol generating procedures. Of course, eye protection is a must during splash/aerosol generating procedures.

If you failed fit testing, a PAPR is a good option for intubation and other aerosol-generating procedures.
29. What are half-faced elastomeric respirators? Are these as protective as an N95 or a respirator?

Half-faced elastomeric respirators cover the lower half of the face. They are designed and built to be reused. They are made of rubber material which allows them to be reprocessed between uses. They have detachable filters and provide the same level of protection as a N95 and PAPR respirator.

At the end of the shift, squeeze the excess liquid from a disinfectant wipe and wipe across the outside plastic covering of each filter. Bleach or Oxivir wipes are preferred. Avoid dripping disinfectant into the filter material. Store the filter for your next shift. Filters should not be shared between individuals.

The mask must be turned in at the end of shift for reprocessing. We expect that the filters could last up to a year. The mask needs to be fit tested.

30. Is Yale New Haven Health planning on using “improvised” PPE (e.g., homemade faceshields or facemasks)?

Due to the high demand for personal protective equipment (PPE), Yale New Haven Health and Yale Medicine have been exploring every avenue to ensure that our staff have enough PPE. This includes partnering with manufacturers to collaborate on the production of “improvised” PPE.

At present, we have an adequate supply of traditional PPE. If we do find ourselves in a position where we need to use improvised PPE, guidance will be provided to direct staff on where it is and is not safe to use this PPE.

31. How can people donate?

Send an email to donationsPPE@ynhh.org. They will contact the donor and make arrangements for donation.

32. Someone I know is selling PPE. Who should they contact at YNHHS?

Send an email to prospectivevendor@ynhh.org.

33. Will this guidance change?

Yes. You should expect changes as the science about SARS-CoV-2 and COVID-19 progresses and as our inventory changes.
34. What is Yale New Haven doing to prepare and to protect me?
Yale New Haven had a strategic stockpile of PPE in place prior to COVID. Since the beginning of January, Infection Prevention, Occupational Health and Corporate Supply Chain have been working together to ensure the availability of PPE as well as to ensure the guidance for PPE use is up to date, changes are communicated, and PPE is available where it is needed.

We are using several strategies including reducing non-essential use of PPE (e.g., reducing the number of providers who enter a room), Limited Reuse, and by Reprocessing (sterilizing) PPE. We also continue to work to buy as much PPE as possible.

Yale Medicine and YNHHS have been working to identify and develop relationships with new sources for PPE.

35. Do I need to wear headcover or foot coverings?
Routine use of head or foot coverings is not recommended. However, as part of Standard Precautions, staff who may be exposed to body fluids due to the care being provided to the patient are to use barriers to ensure they do not get soiled by potentially infectious body fluids.

36. Who do I contact if:
   a. Our floor is out of PPE
      Discuss with your supervisor. Your floor may have PPE in a secure location. If your supervisor needs more PPE, they should contact their Materials Management representative.
   
   b. I have questions about other stuff?
      Try the Call Center – 866-ASK-YNHH