PROCEDURE GUIDANCE FOR N95 AND FACEMASK USE AND REUSE

Safety Practices:

- Masks should only be worn and/or reused by a single wearer.
- The same mask should not be used when moving between confirmed cases, suspect cases, and non-cases.
- Masks should not be removed, adjusted, or touched during patient/resident care activities.
- Care should be taken to prevent touching the front of the mask.
- Care should be taken during removal of the mask to ensure it is not contaminated, keeping the inside of mask protected.
- Hand hygiene should be performed after removal of the face shield or goggles and before removing the mask.
- Perform hand hygiene after putting the mask on and following removal/placement in a storage location.
- Masks should be inspected before each use to ensure its physical integrity is intact.
- For N95 masks, a seal-check should be performed after each time it is put on.

Face Mask Rotation and Storage:

- Issue 5 face masks and paper bags at a time to the employee.
- Label each bag with consecutive numbers 1, 2, 3, 4 and 5.
- Label the mask(s) with the user’s name written on the straps.
- The bag(s) should be labeled with the user’s name.
- Depending on the type of surgical mask, the front side can be folded together before storing.
- Store the mask(s) in a breathable container, such as a paper bag, in a dry location.
- Surgical masks should be rotated daily, for example using mask 1 on Monday, 2 on Tuesday and so on, returning to mask #1 on day 6. This can be done for one month (4 rotations) and then discard masks and bags.

N95 Mask:

- Staff should be fit tested before using N95 mask.
- Issue a mask at beginning of shift.
- Write your name on the mask.
- Make sure to do a seal check before having contact with residents/patients.
- N95 masks can be used for the entire shift by one person.
- The mask can be placed on a clean paper towel or in a breathable container when removed for breaks/eating.
  - Best storage for reuse during a shift would be a labeled breathable container to prevent contamination when redonning and doffing.
  - Continue to practice social distancing.
  - Hand hygiene should be done after doffing and before donning and again after doffing.
  - The CDC recommends that users store used N95 masks in a breathable container during their shift if worn for extended use. The container needs to be well marked (to prevent accidental use), and stored according to the manufacturer’s recommendations for temperature and moisture.
  - Discard N95 mask at the end of your shift. If decontamination services are available, masks should be placed in your facility’s designated reprocessing container.
  - The respirator should be discarded after each aerosol-generating procedure such as a nebulizer treatment, intubation, specimen collection, etc.
  - The mask must be discarded if it becomes soiled or grossly contaminated with patient/resident’s respiratory secretions from coughing, sneezing, etc., damaged (e.g., creased, torn, or saturated) or if breathing through the device becomes difficult.
  - N95 masks and all PPE, need to be changed between positive, suspect, and negative cases.
  - Dedicate staff to work with the positive cases is best practice to avoid the need for moving between positive and negative cases, thus decreasing the need for frequent donning and doffing during shift.

Example of storing a mask for reuse during a shift: [www.youtube.com/watch?v=h5vVsHLJp38](https://www.youtube.com/watch?v=h5vVsHLJp38)

Eye Protection:

- Face shields/googles should be dedicated to each staff member.
- Names should be put on shield so it is not used by anyone else accidently.
- Eye protection should be disinfected between resident/patient care but can be worn for the entire shift.
- If damaged discard.
- If soiled with body fluids and unable to disinfect, discard.
- Best practice is to have dedicated eye protection for positive cases.
- Eye protection should be disinfected at the end of each shift and stored in a labeled, breathable bag and stored.

Note: When PPE supplies allow- facilities should adjust to using a new face mask for each shift and then discard or using a new face mask for each patient/resident encounter.

Good technique of donning and doffing is key along with excellent hand hygiene to prevent contamination. Wearing masks around the neck, hanging from the ear lobe, pushing up on the forehead, or below the nose is not acceptable practice. Remove masks for eating or breaks, storing them properly during this time.

PROCEDURE GUIDE FOR DONNING AND DOFFING A FACEMASK:

How to put on a face mask:

1. Clean your hands with soap and water or hand sanitizer before touching the mask.
2. Remove a mask from the box and make sure there are no obvious tears or holes in either side of the mask.
3. Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mold to the shape of your nose.
4. Determine which side of the mask is the front. The colored side of the mask is usually the front and should face away from you, while the white side touches your face.
5. Follow the instructions below for the type of mask you are using.
   - **Face Mask with Ear loops:** Hold the mask by the ear loops. Place a loop around each ear.
   - **Face Mask with Bands:** Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
   - **Face Mask with Ties:** Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow. This mask is harder to reuse so pay special attention when tying and untying the mask to prevent contamination.
6. Mold or pinch the stiff edge to the shape of your nose.
   - If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
7. Pull the bottom of the mask over your mouth and chin.
8. Perform hand hygiene.

How to remove a face mask:

1. Clean your hands with soap and water or hand sanitizer before touching the mask.
2. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band. Follow the instructions below for the type of mask you are using.
   - **Face Mask with Ear loops:** Hold both ear loops and gently lift and remove the mask.
   - **Face Mask with Bands:** Lift the bottom strap over your head first, then pull the top strap over your head.
   - **Face Mask with Ties:** Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.
3. Place the mask in designated bag or place in the trash if soiled or damaged.
4. Clean your hands with soap and water or hand sanitizer.

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PROCEDURE GUIDE FOR DONNING AND DOFFING AN N95:

How to Don an N-95 Mask:
1. Examine the mask to check for damage.
2. Cup the mask in your dominant hand, allowing the straps to dangle freely.
3. Place the mask over the nose and mouth by firmly pressing the nose clip on the mask over the nose and tucking the bottom of the mask securely over the chin.
4. Then take the top strap and place it at the top of the head.
5. Next take the bottom strap and place it at the bottom on the neck (do NOT allow the strap to rest on the hair of a ponytail but against the base of the neck).
6. Lastly, perform a seal check by breathing in and out forcefully and feeling for air leakage around the mask.

How to Doff an N-95 Mask:
**NOTE: DO NOT** touch the front on the mask because it is contaminated. However, the straps are “clean” and can be touched.
1. Tilt the head slightly forward.
2. Then use your two index fingers and remove the bottom strap first by slowly pulling it over the head.
3. Lastly, remove the top strap, being very careful not to touch the front of the mask.
4. Place the mask in designated bag or discard if soiled or damaged.

Three Key Factors Required for a Respirator to be Effective:

1. The respirator must be put on correctly and worn during the exposure.
2. The respirator must fit snugly against the user’s face to ensure that there are no gaps between the user’s skin and respirator seal.
3. The respirator filter must capture more than 95% of the particles from the air that passes through it.

*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.