Guidance for Face Mask / Respirator Extended Use and Re-Use

03/27/2020

Implement extended use of facemasks

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

For additional information visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

Implement limited re-use of facemasks.

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients by removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for COVID-19, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
    - Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    - Facemasks with elastic ear hooks may be more suitable for re-use.
- HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

N-95 mask cleaning.

One study at the Stanford AIM Lab indicates that N95 masks could be decontaminated by heating them at 70°C in a an oven (not your home oven) for 30 minutes or using hot water vapor from boiling water for 10 minutes. If there is no source for N-95 masks, which are needed when performing aerosolizing procedures, this method of cleaning could be considered but it should be noted that the effect on mask fit is not known and these methods are not approved by the National Institute for Occupational Safety and Health.
For additional information visit:
https://m.box.com/shared_item/https%3A%2F%2Fstanfordmedicine.box.com%2Fv%2Fcovid19-PPE-1-1

Use of homemade masks.

When no commercially manufactured facemasks are available for personal protective equipment (PPE), homemade masks can be considered in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. These homemade cloth face masks are not considered PPE since their ability to protect against COVID-19 has not yet been studied.
For additional information on the use of homemade masks visit:
https://idph.iowa.gov/Portals/1/userfiles/7/Homemade%20Mask%20Guidance%20for%20health%20care%20workers.pdf