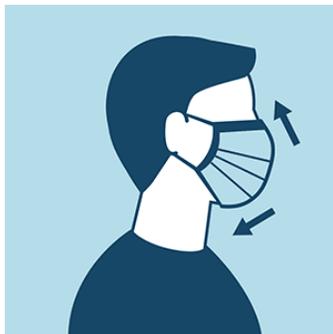


# STRATEGIES TO OPTIMIZE PERSONAL PROTECTIVE EQUIPMENT

## *FACEMASK*

### Extended Use:

*The practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.*



Use hand hygiene prior to putting on your facemask.

Removed and discard if soiled, damaged, or hard to breathe through.

Leave the patient care area if need to remove the facemask

Take care not to touch your facemask. If you do touch or adjust your facemask immediately perform hand hygiene

Avoid wearing makeup that will come in contact with the mask because it will lead to soiling and limit the extended use

Do not add a secondary mask over or under your extended use mask as it can lead to contamination from additional handling and limit breathability through the mask

*Wear your mask continuously while in the facility, except when leaving the resident care area or work areas to use the bathroom or going on meal break. Remember to maintain a distance of 6 ft from co-workers while on meal break*

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### Limited re-use:

*The practice of using the same facemask by one staff member for multiple encounters with different residents but removing it after each encounter*

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.



# FREQUENTLY ASKED QUESTIONS?

Q. What are cloth face coverings?

R. *Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. Guidance on design, use, and maintenance of cloth face coverings is available.*

Q. Can staff wear cloth masks to conserve supplies of surgical masks?

R. *Cloth face coverings are not considered PPE because their capability to protect healthcare personnel (HCP) is unknown.*

Q. What facility staff could wear a cloth face covering?

R. *Some HCP whose job duties do not require PPE (e.g., clerical personnel) might continue to wear their cloth face covering for source control while in the healthcare facility.*

Q. When should I change or launder my cloth facemask?

R. *Because cloth face coverings can become saturated with respiratory secretions, care should be taken to prevent self-contamination. They should be changed if they become soiled, damp, or hard to breathe through, laundered regularly (e.g., daily and when soiled), and, hand hygiene should be performed immediately before and after any contact with the cloth face covering.*

Q. When could a healthcare staff member wear a homemade mask for care of residents?

R. *In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.*

***Facilities should also provide training about when, how, and where cloth face coverings can be used (e.g., frequency of laundering, guidance on when to replace, circumstances when they can be worn in the facility, importance of hand hygiene to prevent contamination).***