






# PPE Usage Guidelines

Effective 3/18/2020

Masks			Gloves	Gowns
Ear Loop	Tie-On Surgical	N95		
				
<b>Extended Use:</b> 2 hr maximum	<b>Extended Use:</b> 8 hr maximum	<b>Extended Use:</b> 8 hr maximum	<b>Extended Use:</b> None	<b>Extended Use:</b> None
<b>Reuse:</b> None	<b>Reuse:</b> None	<b>Reuse:</b> 5 maximum	<b>Reuse:</b> None	<b>Reuse:</b> None

- **Do** Check to make sure the mask has no defects, such as a tear or torn strap or ear loop
- **Do** For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- **Do** Properly dispose of mask by touching only the ear loops or ties. Perform hand hygiene before and after removing mask.
- **Do** change gowns and/or gloves with every patient, and at other appropriate times as per normal instructions.
- **Do** clean hands and change gloves between dirty and clean tasks.
- **Don't** leave a mask hanging off one ear or hanging around neck.
- **Don't** touch the front of a mask, as it is contaminated after use.
- **Don't** touch your face.

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Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, *without removing the respirator between patient encounters.*

## Extended Use Guidelines:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Discard any respirator that is obviously damaged or becomes hard to breathe through

Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but *removing it ('doffing') after each encounter.*

## Reuse Guidelines:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.