

# DO's & DON'Ts

FOR WEARING **MASKS & FACE PROTECTION** FOR  
ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS

## MASKS & FACE PROTECTION

### PROCEDURE MASK

Often referred to as an isolation mask, this disposable mask protects the health care worker from potentially infectious droplets that may occur when patients cough, sneeze, laugh or talk.



### FACE PROTECTION

When you may be at risk of droplet splash, you must also protect your eyes as a portal of entry for germs. There are several options available:

- ✓ Masks with a built-in face shield
- ✓ Full face shield
- ✓ Goggles (non-disposable)

Adapted from APIC by NSHA Infection Prevention & Control- Jan 31, 2020.

## DO

- ✓ **DO** wear mask and face protection when you may be at risk of splashes/sprays of blood, body fluids, excretions or secretions.
- ✓ **DO** wear mask and face protection when caring for or in contact with patient on Droplet Precautions.
- ✓ **DO** check to make sure mask and face protection has no defects, such as tear or torn strap or ear loop.
- ✓ **DO** ensure mask covers your mouth & nose.
- ✓ **DO** remove mask when no longer in clinical space and patient intervention is complete.
- ✓ **DO** remove mask correctly- pull away from face in downward motion.
- ✓ **DO** dispose of mask into waste receptacle by touching only ear loops or ties.
- ✓ **DO** perform hand hygiene before and after removing mask & face protection.

## DON'T

- ✓ **DON'T** use a procedure mask when caring for patients on Airborne Precautions (use N95 respirator).
- ✓ **DON'T** reuse! Discard after use (exception- reusable goggles)
- ✓ **DON'T** wear if wet or soiled, put on a new mask.
- ✓ **DON'T** allow mask to hang or dangle around your neck.
- ✓ **DON'T** touch the front of the mask or face protection when wearing or during removal.