



# How to wear a procedure mask

## BEFORE



Clean hands with alcohol-based hand rub or soap

and water. Open mask fully and position to cover from nose to below chin. If the mask has a nose bar, pinch around your nose.

## DURING



Avoid touching the mask or your face under the mask. If the mask becomes

damp or soiled, clean your hands and replace the mask.

## AFTER



Clean hands with alcohol-based hand rub or soap and water. Do not touch the

front of the mask. Remove using the ties or elastic loops. Discard in garbage. Clean hands with alcohol-based hand rub or soap and water. Never reuse masks.

## The DOs and DONTs of masking

- ✓ DO perform hand hygiene during the 4-moments of hand hygiene. It is NEVER safe to go client-to-client without changing gloves and performing hand hygiene. Hand hygiene is by far the number one practice to prevent spread of disease.
- ✗ DO NOT touch or adjust your mask. This risks contaminating your own face and hands, and increases risk of transmission to yourself and others. If you need to remove your mask (for example, to have a drink of water):
  - ✓ DO perform hand hygiene, and take off the mask in a manner that avoids touching the front of the mask, discard it immediately, then perform hand hygiene.
- ✗ DO NOT reuse the mask once it has been removed. You risk contaminating yourself, and the other surfaces on which your mask was placed.
- ✗ DO NOT change your mask every time you move between client rooms (unless following contact and droplet precautions).
- ✓ DO change your mask when it is wet or soiled, to eat or drink, when you leave a clinical area, and at end of your shift.
- ✓ DO ensure that you use a procedure mask, eye-protection, gown and gloves for all clients on full Contact and Droplet precautions.
- ✗ DO NOT use N95 respirators, unless performing an aerosol-generating medical procedure (AGMP) on a client with ILI symptoms - whether known, suspected, or at-risk (i.e. screening criteria positive) COVID client.