**Do's & Don’ts**

For wearing procedure masks in non-surgical healthcare settings

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**Do**

- Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- Remove the mask when no longer in clinical space and the patient intervention is complete.
- 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.
- Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

**Procedure mask**
(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

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**Don’t**

- DON’T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- DON’T wear if wet or soiled; get a new mask.
- DON’T crisscross ties.
- DON’T leave a mask hanging off one ear or hanging around neck.
- DON’T reuse; toss it after wearing once.
- DON’T touch the front of the mask, as it is contaminated after use.

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The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility’s infection prevention or occupational health department.

Learn more: [www.osha.gov/SLTC/respiratoryprotection/guidance.html](http://www.osha.gov/SLTC/respiratoryprotection/guidance.html)
RESOURCES


