
What is the difference between a facemask and a N95 respirator?

- Facemasks (surgical masks) provide a barrier of protection against large droplets produced when someone sneezes, coughs or talks, or in the event of a splash or spray.
- Facemasks fit loosely, allowing air to move around the edges of the mask.



- **N95 respirators** provide respiratory protection by filtering out 95% of both large and small particles in the air such as aerosols.
- N95 respirators fit snug to the face, allowing for little to no leaks.

Should I wear a mask?

- The Centers for Disease Control and Prevention (CDC) now recommends the use of cloth masks when in public in addition to social distancing, washing your hands, covering your cough, and staying home when you are sick.
- Anyone with a confirmed or possible case of COVID-19 should wear a facemask if in the same room with another person, or when being medically evaluated if supply is available.
- Healthcare personnel or other caregivers should wear a N95 respirator (or facemasks, if respirators are not available) when caring for patients with COVID-19.

What should I do if my supply of facemasks is running low?

- Restrict the use of facemasks to caregivers and to symptomatic persons (if necessary, restrict to healthcare personnel and other caregivers only).
- Use facemasks beyond the manufacturer-designated shelf life if necessary.
- Implement limited re-use or extended use of facemasks. See additional CDC guidelines: [Strategies for Optimizing the Use of Facemasks](#).
- Prioritize facemasks for higher risk activities such as procedures that generate an aerosol.
- Consider use of homemade masks (e.g., bandana, scarf) ONLY as a last resort preferable with the use of a face shield covering the entire front and sides of the face.

What should I do if my supply of N95 respirators is running low?

- Use respirators beyond the manufacturer-designated shelf life if necessary.
- Implement limited re-use or extended use of respirators. See additional CDC guidelines: [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#).
- Use respirators approved under standards used in other countries that are similar to N95 respirators ([see list on CDC website](#)).
- Prioritize the use of N95 respirators and facemasks by activity type.
- Limit the use of N95 respirators to high-risk procedures and use facemasks for lower-risk activities. [The CDC Facemask or Respirator Determination Chart](#) indicates that a caregiver may/should:
 - ▶ Enter the room or care area without a mask if the distance from a symptomatic person will be greater than 6 feet.
 - ▶ Enter the room or care area with a facemask if required to be within 3 to 6 feet from a symptomatic person.
 - ▶ Wear a facemask if providing direct care or within 3 feet of a symptomatic person if that person is also wearing a mask.
 - ▶ Wear a N95 respirator if providing direct care or within 3 feet of a symptomatic person if that person is not wearing a mask.
 - ▶ Wear a N95 respirator any time aerosol generating procedures are performed on symptomatic persons.
- Consider the use of masks that have never been approved or homemade masks ONLY as a last resort.

What else can I do to minimize the use of the facemasks and respirators we have on hand?

- Exclude the use of masks by caregivers not directly involved in caring for the person with confirmed or suspected COVID-19
- Limit face-to-face encounters
- Prohibit visitation to persons with known or suspected COVID-19
- Source control using a mask on the infected person to prevent contamination of the environment
- Cohort sick persons and caregivers with COVID-19
- Maximize telemedicine opportunities
- In the absence of airborne isolation rooms, use physical barriers to separate caregivers from potentially-infectious persons
- Maintain air flow and ventilation of rooms

For additional strategies on optimizing personal protective equipment (PPE) such as masks, gloves, gowns and eye protection:

- Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Department of State Health Services (DSHS): DSHS Strategies for Optimizing the Supply of PPE (3/25/20)
<https://dshs.texas.gov/coronavirus/healthprof.aspx>

Requesting PPE Through Local Emergency Management

- [STAR](#) is a system operated by the Texas Department of Emergency Management that allows local emergency coordinators to request equipment and supplies. By working through your local emergency management officials, you can ask them to initiate a STAR request.

Requesting PPE Through a Regional Advisory Council (RAC)

- Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.

For information on donning and doffing (putting on and taking off) PPE:

- <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

This guidance is based on the best information currently available and will be updated when appropriate. Please visit www.dshs.texas.gov/coronavirus and www.cdc.gov/coronavirus for updates.