

Personal Protection Equipment (PPE) Guidance

Given the ongoing circulation of COVID-19, we are updating the personal protective equipment (PPE) guidance.

Source control refers to the use of a mouth/nose covering to contain respiratory secretions. Because of a tighter fit around the face, N95s may theoretically offer better source control, reducing the risk of transmission of COVID-19. Also, the N95 will enhance your protection if you are in close contact with a patient, caretaker, or employee who has COVID-19 that is not yet diagnosed.

	Recommendations	PPE Extended and Re-use
Universal masking	-A medical mask is required in areas where patients are present as per this guidance . -An N95 can be used, if preferred. A PAPR is NOT an acceptable alternative.	-PPE re-use is not permitted except when medical masks are work for universal masking.
Direct patient care	-A fit-tested N95 (or PAPR) is required for patients on Novel Respiratory or Airborne Isolation and other scenarios . -Eye protection is required for patients on Novel Respiratory or Droplet Isolation, and as needed for Standard Precautions. -For all other situations, HCP can choose to wear an N95 and/or eye protection. Fit-testing optimizes the performance of the N95.	-Refer to this guidance for PPE extended use recommendations: For patients on Novel Respiratory Isolation or those with suspected or confirmed Monkeypox, discard the N95 on room exit every time ¹ and if it wet/soiled/damaged

Medical mask = mask distributed at screening entrance/available within the unit, PAPR = powered air purifying respirator

1. Review this [guidance](#) for exception locations and more details

Can I wear the N95 between patients?

PPE re-use which refers to doffing PPE and storing it in a clean place is not permitted.

You can continuously wear the same N95 without doffing (extended use) between patients except a) for patients on Novel Respiratory Isolation where you need to change the respirator on room exit every time, b) for patients with suspected or confirmed Monkeypox, c) if it is wet/soiled/damaged. Review this updated [guidance](#) for more details.

What if I have not been fit-tested or have failed fit testing to use an N95?

A fit-tested N95 or PAPR is required when caring for patients on Airborne Isolation or Novel Respiratory Isolation (in addition to eye protection, gloves, and gowns) and for other [purposes](#) noted in this guidance; fit testing optimizes the protection of the N95. To schedule fit-testing please review this [guidance](#). All HCP who wear N95s must complete this brief [online training](#).

When N95s are used for source control (i.e., instead of a medical mask) or for the care of patients on Droplet, Contact, or Enteric Contact or no Isolation, the wearer does not require fit testing, or it may be used by individuals who have failed fit testing.

Do I need to use an N95 in break or charting rooms or offices?

Faculty, staff, and learners are no longer required to wear masks in these areas where patients are not present, but can choose to do so. Additional guidance is located [here](#).

Should patients and caregivers wear medical masks or N95s?

Patients and visitors are strongly recommended but not required to wear masks while at UCSF Health. Patients and visitors can be given N95s on request and should be offered an N95 (and other PPE) for patients on Novel Respiratory Isolation and Airborne Isolation. Patients who have symptoms consistent with COVID-19 or other respiratory infections should be asked to wear a medical mask (unless there are medical contraindications, or the patient is <2 years of age) as consistent with Standard and Transmission-Based Precautions.