



COVID-19 Planning: CDC Guidance on Facemasks and Face Coverings

CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, **CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain** (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.¹

It is critical to emphasize that maintaining 6-foot social distancing remains important to slowing the spread of the virus. **CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.** Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

These face coverings may be utilized by both staff and clients when interacting, if possible.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

The CDC has provided guidance on the [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html), including sew and no sew instructions on creating cloth face coverings: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for specific circumstances, as recommended by current CDC guidance.

If your agency does have facemasks, prioritize facemasks for selected activities such as:

- During care activities where splashes and sprays are anticipated (if applicable)
- During activities where prolonged face-to-face or close contact **with a potentially infectious patient** is unavoidable

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

If your agency does have facemasks, implement limited re-use of facemasks: Limited re-use of facemasks is the practice of using the same facemask by one provider for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that providers do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.²

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
- Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
- Facemasks with elastic ear hooks may be more suitable for re-use.

Providers should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>