

**Ministry of Health and Family Welfare
Directorate General of Health Services
[Emergency Medical Relief]**

Seasonal Influenza

Guidelines on use of masks for health care workers, patients and members of public

Masks are personal protective devices which if used correctly would protect the user from contracting Seasonal Influenza or for that matter, any other aerosol/droplet borne/air-borne infection. Masks should be used mandatorily for all health personnel working in an infective environment. The particular type of mask to be used is related to particular risk profile of the category of personnel and his/her work. The risk categorization may change according to the expected degree of environmental contamination and lethality of the virus.

There are two types of masks which are recommended for various categories of personnel depending upon the work environment;

1. Triple layer surgical mask
2. N 95 Respirator

The specifications of these masks are at Annexure A.

The use of these masks in context of their work setting is enumerated below:

1. Hospital Setting

1.1 Screening Area :

All medical personnel including nursing and paramedical staff would use Disposable Triple layer surgical mask while interacting with patients.

1.2 Isolation Ward:

All patients kept in the isolation wards must wear disposable Triple layer surgical mask. Medical and nursing staff involved in Clinical Care in isolation facilities would require Triple layer surgical mask, along with other Personal Protective Equipment (PPE). However, if the staff is involved in any aerosol generating procedures like suction, intubation, nebulization, etc. they must use N95 Respirator. If the medical personnel need to collect clinical samples from patients then they would also use N95 Respirators.

1.3 Critical Care Facility :

Medical and nursing staff involved in critical care in Intensive Care Unit should use N 95 Respirators.

1.4 Laboratory:

All personnel working in laboratories and handling clinical samples related to Influenza should use N 95 Respirators.

1.5 Mortuary:

Personnel involved in handling dead bodies of suspect/confirmed cases of Seasonal Influenza should use Triple layer surgical mask, along with other infection control practices.

1.6 Ambulance Staff:

Driver of the ambulance earmarked for transporting patients of Influenza should use Triple layer surgical mask. The paramedic in the patient cabin should use Triple layer surgical mask and if performance of any aerosol generating procedures is contemplated (suction, oxygen administration by nasal catheter, intubation, nebulization etc) N 95 respirator should be used.

2. Health Workers in Community Setting

2.1 Doctors in screening centres/Private practitioners attending Influenza Like Illness (ILI) in general practice and other health workers working with them should use Triple layer surgical mask.

2.2 Health workers involved in community surveillance contact tracing and health monitoring of cases at home or under home quarantine should use Triple layer surgical mask.

3. Security personnel

Security personnel working in an infected/ potentially infected area for example Influenza ward in a hospital, screening centre etc should use Triple layer surgical mask.

4. Members of Public

There is no scientific evidence to show health benefit of using triple layer masks for members of public. In fact erroneous use of masks or continuous use of a disposable

mask for longer than 6 hours or repeated use of same mask may actually increase risk of infection further.

Suspect/ probable/confirmed cases of influenza should use Triple layer surgical mask. The care provider in home care settings should use triple layer mask. Close family contacts of such cases undergoing home care should also use Triple layer surgical mask.

Guidelines for use of mask

1. The correct procedure of wearing triple layer surgical mask :
 - Unfold the pleats; make sure that they are facing down.
 - Place over nose, mouth and chin.
 - Fit flexible nose piece over nose bridge.
 - Secure with tie strings (upper string to be tied on top of head above the ears –lower string at the back of the neck.)
 - Ensure there are no gaps on either side of the mask, adjust to fit.
 - Do not let the mask hanging from the neck.
 - Change the mask after six hours or as soon as they become wet.
 - Disposable masks are never to be reused and should be disposed off.
 - While removing the mask great care must be taken not to touch the potentially infected outer surface of the mask
 - To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

2. Disposal of used masks

Used mask should be considered as potentially infected medical waste. In the hospital setting it should be disposed off in the identified infectious waste disposal bag/container. In community settings where medical waste management protocol cannot be practiced, it may be disposed off either by burning or deep burial.

3. Triple layer mask should not be re-used. Masks used by patients / care givers/ close contacts during home care and should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) or

appropriate concentration of Quaternary Ammonium household disinfectant and then disposed off either by burning or deep burial.

4. Health facilities should adopt appropriate Bio-medical Waste Management practices for disposal of used masks.

ANNEXURE-A

Specification for Triple Layer Surgical Mask and N-95 Respirator Mask

Item	Specification
Triple Layer Surgical Mask	Tie on Mask of Non-woven, Hypoallergenic 3 ply construction with filter in between offering >99 percent standard with 4 tie strings
N-95 Respirator Mask	N-95 Face Respirator Mask: Filter efficiency of 95 % or more against particulate aerosols. The mask should be provided with expiration valve. It should be disposable & to be able to fit for wide range of face sizes. It should accompany with certification from NIOSH or any other internationally accepted certification.