

## Clarification

### Use of masks by health-care workers in pandemic settings

WHO is issuing a clarification on its previously published recommendations related to the use of masks within health-care settings by health-care workers exposed to persons considered infected by pandemic influenza. The previously published language is contained on page 42 (under "Face Masks") and on page 46 (in foot note "b") of the document entitled "WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics" which was published in March 2005.

WHO recommends that health-care workers who will be within 3 feet (1 metre) of infected patients use medical masks (e.g., surgical or procedure) when caring for patients either with, or suspected to have, pandemic influenza. For simplicity, health-care facilities also may recommend that health-care workers use such masks whenever entering a room containing a patient diagnosed with pandemic influenza. The use of particulate respirators at 95% efficiency (e.g., N95 or comparable respirators) by health-care workers should be considered when a patient is undergoing a procedure in which the likelihood of the generation of aerosolized particles is considered to be particularly high, for example during endotracheal intubation, suctioning, or aerosolized nebulizer treatments. WHO acknowledges that resource limitations may set hurdles for universal application of this latter recommendation. However, if resources allow and such respirators are available, they should be used by health-care workers during aerosol-producing procedures in pandemic influenza settings.

If the health-care worker is attending an individual patient who is in isolation, the mask or respirator should be discarded after leaving the room. If the health-care worker is attending multiple patients in the same room, the same mask or respirator may be used until the health-care worker leaves the room. The mask should be discarded after leaving the room.

Importantly, regardless of whether a patient is in a single room or is with several patients, the health-care worker should disinfect the hands with an alcohol-based preparation or should wash the hands with soap and water immediately after each encounter with a patient and before seeing another patient. Hand hygiene also should be performed immediately after discarding a used mask or respirator.

During an influenza pandemic, health-care workers will be at elevated risk of exposure to and infection by pandemic influenza viruses. In a pandemic situation, some patients may have a laboratory confirmed diagnosis but the majority of patients may be diagnosed by clinical criteria. these recommendations should be applied on both situations.

## **Justification**

Available evidence suggests that transmission of human influenza viruses probably occurs largely through exposure to respiratory large-particle ( $> 5 \mu\text{m}$  in size) droplets. Therefore, the use of surgical masks is considered beneficial and is recommended for all health-care workers who will work within 3 feet of patients who are considered potentially infectious with pandemic influenza. The transmission of influenza viruses through small-particle aerosols (droplet nuclei) at distances over 3 feet cannot be definitively excluded based on available experimental and observational studies. Because of this consideration, respirators, such as particulate respirators at 95% efficiency may provide additional protection in certain situations where procedures such as endotracheal intubation, suctioning, bronchoscopy or nebulizer treatments of infected patients may lead to creation of aerosolized particles in the vicinity of the patient. In these considerations, WHO recognizes that some countries may choose to provide and recommend respirators in those situations but that other countries may not.