

1. Hospitals must conserve personal protective equipment (PPE) when these items are in short supply to protect staff who perform high-risk procedures.
2. The degree to which privately-owned masks and respirators will increase the protection of healthcare workers is uncertain, but the balance of evidence suggests that it is positive.
If privately own masks and respirators are utilized, the following factors should be considered:
 - a) The level of protection varies depending on the type of material of which the PPE is made.
 - b) When Health-System (HS) approved PPE is available and required for patient care activities including the provision of care of patients under droplet, contact or airborne precautions, staff should utilize HS provided PPE.
 - c) Cloth-made masks decrease the risk of droplet transmission to others from the person wearing them but have minimal effect in preventing inhalation of micro droplets present in the surrounding environment.
 - d) Standard surgical masks decrease the risk of droplet transmission to others from the person wearing them and provide 40%-50% filtration of small particles.
 - e) N95 respirators decrease the risk of transmission to others and provide 95% filtration of particles larger than 0.3 microns
3. No Joint Commission standards or other requirements prohibit staff from using PPE brought from home.*
4. Homemade masks are an extreme measure and should be used only when standard PPE of proven protective value is unavailable.
5. If homemade cloth masks are used by staff, they should be placed in a Ziploc bag at the time the staff member leaves the facility. Staff members are responsible for washing cloth-made masks daily. It is recommended for the cloth mask to be machine dried at home at the highest drying setting.
6. USA Health is not responsible and does not certify the effectiveness of privately owned PPE in the prevention of hospital acquired infections.

****Masks with exhalation vents are not compliant with this guideline***