


COVID-19 Evidence Service | **Addressing COVID-19 Face Mask Shortages [v1.3]**

 Updated March 25, 2020 | 7PM PST

*Please note: We do not advocate or advise specific treatments or approaches. The COVID-19 Evidence Service aims to share the best available evidence to address questions for clinical anesthesiologists and the anesthesiology community. We recommend that hospital policy and procedures be respected and adhered to.*

## Can face masks be safely disinfected and reused?

Stanford Learnyly Anesthesiologist



Amy Price, DPhil (Oxon) and Larry Chu, MD  
On behalf of the Stanford AIM Lab and Learnyly COVID-19 Evidence Service  
Stanford Anesthesia Informatics and Media Lab  
Learnyly Anesthesia Learning Ecosystem  
Correspondence to [amyprice@stanford.edu](mailto:amyprice@stanford.edu)

### KEY TAKEAWAYS

- Frontline health care workers across the United States report shortages of PPE ranging from gloves, protective gowns, eye wear and face masks.
- It is unknown how wearing the same mask multiple times effects the fit of N95 masks [\[NIOSH\]](#)
- [NIOSH states](#) “there is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases” and advise to “discard N95 respirators following use during aerosol generating procedures.”
- Some methods of N95 mask disinfection can maintain filtration efficiency **over multiple disinfection cycles**. Their effect on mask fit is unknown, and these methods are not approved by NIOSH.

## RATIONALE

Clinicians, scientists and manufacturers faced down the COVID-19 challenge and shared ideas, questions and concerns. We heard from public transport workers, veterinarians, and research labs where people were thinking about how they could reuse masks and conserve masks for people on the COVID-19 frontlines. Universally, people wanted real data on how 70C heating worked over time, if steam was an option and how UV disinfection might be used. The following report measures these areas. The question that remains is how might heating influence or change the fit of the respirator given these conditions and how might that fit change with extended or multiple mask usage. Our next N95 PPE report will cover these areas.

One area of concern was a misunderstanding about using home ovens 70C to disinfect masks and other equipment. None of us should take any contaminated materials home or leave them near food or drinking water as they present a risk to family and loved ones.

Over a thousand responses came in where people wanted data on other disinfection methods such as ozone, combining infrared and UV, ionizing radiation, decontaminating masks within a bag, using ultrasonic cleaning, whole room cleaning forced air radiant heat at 70C and super heating. Another promising device is a small battery-operated UV lamp around 254nm commonly used to sterilize CPAP equipment for patients with sleep apnea. We plan to work on getting answers to these queries as well.

### IMPORTANT NOTICE



Do not use anything in your home to disinfect contaminated equipment. Please do not heat your masks in a home oven!

Stanford infection control experts currently recommend four simple things to decrease your risk of transmission to individuals in your home:

1. Wash your hands before you leave work
2. Wash your hands when you get home
3. Wear different shoes at home and at work, or wash your hands as soon as you take off your shoes.
4. Disinfect the common touch surfaces in your home and in your car once each day.
  - Don't disinfect cutting boards or any item that comes into contact with food.

Our first report (v 1.0-1.2) has generated considerable public interest in mask reuse. In this major revision (v 1.3), we address questions from public comment, caution against inaccurate interpretations of our report, and present new data from Professors Yi Cui and Steven Chu of Stanford University School of Engineering studying the effects of multiple disinfection cycles on the filtration efficiency of N95 mask materials.

**Please note:** We do not advocate or advise specific treatments or approaches. The COVID-19 Evidence Service aims to share the best available evidence to address questions for clinical anesthesiologists and the anesthesiology community. We recommend that hospital policy and procedures be respected and adhered to.

---

## INACCURATE INTERPRETATIONS OF OUR EVIDENCE SERVICE REPORT (v 1.0-1.2)

Review of public comment and correspondence from the release of our recent Evidence Service Report (Price, A and Chu LF, March 2020) suggest some inaccurate interpretations of our report. Our reports do not advocate for people to disinfect masks for reuse by heat treatment in home ovens. We also caution in our report that disinfected masks must be retested for proper fit prior to reuse. We state that disinfection methods are not approved by NIOSH. Finally, we state that we do not advocate or advise specific treatments or approaches and recommend that hospital policy and procedures be respected and adhered to.

---

The lead author on a paper we cited in our article “**Addressing COVID-19 Face Mask Shortages**” (Lindsley 2015) added clarification.

*“I wanted to clarify one point that seems to be creating confusion. In our paper, the purpose of the study was to see if the UVGI was physically degrading the respirator material in order to estimate how many times the respirator could be disinfected with UVGI before the cumulative dose was enough to cause the respirator to break down. We also wanted to see if the cumulative doses would damage the filtration capacity after multiple disinfection cycles. The doses we used to study physical degradation were much higher than are typically reported in studies using UVGI for disinfection. For example, in the Viscusi study that you cite, the authors used a dose of 180 mJ/cm<sup>2</sup> on each side of the respirator, while the lowest dose that we used was 120 J/cm<sup>2</sup> on each side, which is 667 times higher”.*

He states and we affirm “Please note that I cannot make any recommendations or provide any guidance on the possible disinfection and reuse of respirators or other PPE. Here is a link to the current NIOSH guidance on Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>”

---



Your data show that masks can be disinfected with heating 70C in an air oven for 30 minutes.  
**Based on that, is it safe for me to bake my masks in my home oven?**



The CDC recommends that [PPE be provided to health care professionals](#) according to OSHA PPE Standards, including proper cleaning and disposal. It is also mandatory that face masks be fit tested using [OSHA-accepted fit-testing protocols](#) prior to use. OSHA does not currently have any PPE standards for disinfecting N95 masks.

*[OSHA states](#), “The N95 filtering facepiece respirator is a “disposable respirator.” It must be discarded after use, or when it becomes damaged or soiled. It cannot be cleaned and disinfected according to the method described in Appendix B-2. OSHA is presently not aware of any alternate procedures provided by respirator manufacturers in their user instructions that would allow for cleaning and disinfecting their filtering facepiece respirators.”*

Masks that have been heat treated may lose their shape and require fit-testing, as we stated in our previous Evidence Service report. The CDC recommends [limiting how germs enter a facility](#) (or home). We could not find evidence where the CDC recommends bringing materials potentially contaminated with SARS-CoV-2 into a facility (or home), nor could we find evidence where it recommends placing such materials into devices used to prepare food (such as a home oven).

In summary, data from Professors Yi Cui and Steven Chu show that some heat treatment methods of the materials used for N95 masks do not reduce the filtration efficiency of the mask materials. Importantly, we note:

- It is unknown if heat treatment effects the shape of N95 masks, allows them to retain their fit, and prevent leaking;
- OSHA states that N95 masks are a “disposable respirator” and “cannot be cleaned and disinfected according to the method described in Appendix B-2,” and there is no approved cleaning method;
- The CDC recommends limiting how germs enter a facility or home.

## NEW DATA: Can N95 facial masks be used after disinfection? And for how many times?

This report is emergent research. As the research improves so can our information. We will share this in real time. We make no recommendations or policy on this issue.

Dr. Lei Liao, along with Wang Xiao, Xuanze Yu, Haotian Wang, Dr. Mervin Zhao, Dr. Qiqi Wang (4C Air, Inc. Sunnyvale, CA) and Steven Chu (Stanford Department of Physics) and Professors Yi Cui\* (Stanford Department of Materials Science and Engineering) share this emergent research report with our Learnly Anesthesia/Stanford AIM Lab medical community. They have graciously allowed us to view their early work and remind us, *“Be mindful that this report is our work in progress, including some of our speculation. We will have more results in the coming days and weeks.”*

Their report is appended in the following pages of this updated Evidence Report v 1.3.

We remind readers that this preliminary data is a materials science report and did not evaluate the fit of masks after disinfecting treatment(s). **It is mandatory that face masks be fit tested using [OSHA-accepted fit-testing protocols](#) prior to use. OSHA does not currently have any PPE standards for disinfecting N95 masks.**

In this materials science study of N95 face masks, two disinfection methods which do not reduce the filtration efficiency of the meltblown layer after an appreciable number of treatment cycles were found:

- Method 1: 75°C Hot Air (30 mins) for 20 cycles
- Method 2: UV (254 nm, 8W, 30 min) for 10 cycles

Steam treatment causes filtration efficiency to drop to ~85% after 5 cycles, and ~80% after 10 cycles.

## **Can N95 facial masks be used after disinfection? And for how many times?**

Authors: Dr. Lei Liao, Wang Xiao, Xuanze Yu, Haotian Wang, Dr. Mervin Zhao, Dr. Qiqi Wang  
(4C Air, Inc., Sunnyvale, California)

Professor Steven Chu (Department of Physics, Stanford University)

Professor Yi Cui\* (Department of Materials Science and Engineering, Stanford University)

\*Corresponding Author: Yi Cui, email: [yicui@stanford.edu](mailto:yicui@stanford.edu)

### **Summary**

**The COVID-19 pandemic has led to a major shortage of N95-level facial masks, especially in the healthcare environment. We have investigated three promising disinfection methods that may be applied to the recycling and reuse of facial masks: hot air (75 °C, 30 min), UV light (254 nm, 8W, 30 min), and steam (10 min). Using a N95-level meltblown filtration fabric, we determined the following: 1) Hot air applied over 20 cycles did not degrade the filtration efficiency (>95%). 2) UV treatment over 10 cycles did not degrade the filtration efficiency (>95%). 3) Steam treatment requires caution, as the filtration efficiency can be maintained (>95%) within 3 cycles, but the efficiency will degrade to ~85% after 5 cycles, and finally will drop to ~80% after 10 cycles. With respect to the hot air (75 °C, 30 min, 20 cycles), we found that an N95 mask did not suffer any mechanical deformation and the ear straps retained proper elasticity required for use.**

*Note: We would like to share our results with the community as soon as possible. Be mindful that this report is our work in progress, including some of our speculation. We will have more results in the coming days and weeks.*

### **1. Introduction and Rationale**

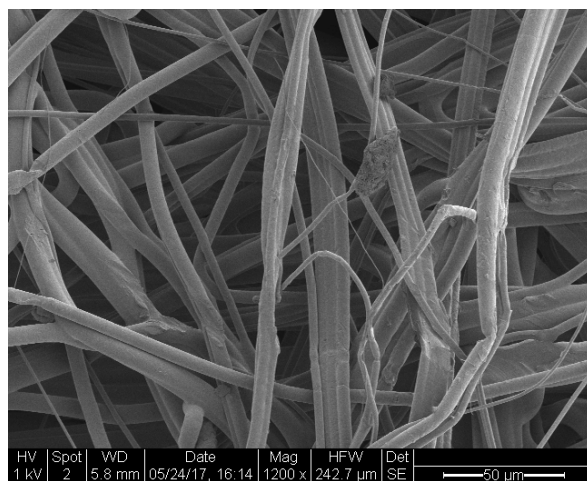
The COVID-19 virus is thought to transmit primarily through respiratory droplets. The size COVID-19 virus is ~0.1  $\mu\text{m}$ , while the size respiratory droplets can be multiple micrometers. However, while the droplet is in-flight, it can shrink due to the evaporation of water. Therefore, it is necessary to have personal protection, especially facial masks, for those in close proximity to patients infected with COVID-19. It is also recommended to wear facial masks when in crowded environments to suppress COVID-19's spread.

The N95-level facial mask is recommended personal protective equipment (PPE) by the Centers for Disease Control and Prevention (CDC) for those in close contact with COVID-19. According to the United States' National Institute for Occupational Safety and Health (NIOSH), N95 refers to >95% efficiency for particle sizes of around 0.3  $\mu\text{m}$ . The equivalent N95 standard in other countries are termed FFP2 (European Union), KN95 (China), DS/DL2 (Japan), and KF94 (South Korea).

Existing N95 masks are comprised of multiple layers of materials, the most important of which is the layer produced by the meltblown process. This meltblown fabric (100 to 1000  $\mu\text{m}$  thick) is made from polypropylene microfibers, with diameters in the range of 2-10  $\mu\text{m}$ . Meltblown fibers can cross



each other to form a three-dimensional porous structure (Fig. 1), with porosity up to ~90%. Thus, these fabrics have a relatively low pressure drop and can hold a large quantity of particulate matter. Due to the large fiber diameters compared with small and harmful particles and large pores between fibers, the fibers themselves are not sufficient. Therefore, meltblown fibers are typically electrostatically charged to increase the interaction with the particles, resulting in a much higher filtration efficiency without increasing the air resistance.



**Figure 1.** Scanning electron microscopy (SEM) image of meltblown microfiber fabric.

The current COVID-19 pandemic has led to a significant shortage of N95 facial masks, especially for healthcare individuals. **The primary question to address is whether N95 facial masks can be disinfected in such a way that allows for reuse without reducing the filtration efficiency.** We used five common disinfection methods on a meltblown layer, which determines the filtration efficiency in N95 masks: 1) hot air (oven), **2) UV light**, 3) solution of alcohol, 4) household chlorine-based bleach, 5) steam from hot water.

We measured the two most important parameters: the particle filtration efficiency and air pressure drop, before and after disinfection treatments. The pressure drop reflects the air resistance, and a significant change would reflect that the three-dimensional porosity of the filtration material has changed. For example, if the air pressure drop is reduced significantly, it may imply that the meltblown fibers have been damaged. Meanwhile, a reduction in filtration efficiency may suggest a reduction in the static charge on the fibers and/or damage to fabric.

*Please note that this study does not provide the results to evaluate whether these methods are effective towards disinfection of COVID-19. While these methods may have been used for the disinfection of other viruses, we have not evaluated this for COVID-19 specifically. The key information we provide is whether the efficiency of N95 filtration materials is changed after disinfection.*

In the previous Stanford Medicine COVID-19 report compiled by Amy Price, DPhil (Oxon) and Larry Chu, MD, we have shared our results based on a one-time disinfection treatment (Table 1). **We concluded that 75% alcohol solution and chlorine-based solutions were detrimental to the static charge in our meltblown fabric, and resulted in reduced efficiency. In this report,**

**we focused on multiple treatment cycles of three promising methods: 1) hot air (75 °C, 30 min/cycle), 2) UV light (254 nm, 30 min/cycle), 3) steam from hot water (10 min/cycle).**

Note: Steam may not be an ideal choice as polypropylene, the component of meltblown fibers, is hydrophobic (repelling water). Using enough steam can saturate the fibers and the condensation of water may reduce the fibers' static charge. Further repeated disinfections may compromise the filtration ability. UV light will lose its effectiveness if filters are stacked such that the light cannot penetrate into all of the mask material. Further studies are underway to better define the temperature limits and treatment times of all recommended disinfection treatments.

**Table 1.** One-time disinfection treatment on a N95-level meltblown fabric

Samples	Meltblown		Static-charged cotton		E. Coli. disinfection (%)
	Filtration efficiency (%)	Pressure drop (Pa)	Filtration efficiency (%)	Pressure drop (Pa)	
Hot air (oven) 70 °C, 30 min	96.60	8.00	70.16	4.67	>99
UV (sterilizing cabinet) 30 min	95.50	7.00	77.72	6.00	>99
75% alcohol solution soaking and drying	56.33	7.67	29.24	5.33	>99
Chlorine-based solution 5 min	73.11	9.00	57.33	7.00	>99
Steam (hot water vapor) 10 min	94.74	8.00	77.65	7.00	>99
Initial samples before treatment	96.76	8.33	78.01	5.33	

## 2. Experimental procedures

### 2.1 Disinfection method 1: Hot air (75 °C)

Note: we changed the temperature from 70 °C in the previous Stanford Medicine report to 75 °C in this report.

- 1) Prepare 15 pieces of meltblown fabric (15 cm × 15 cm, each).
- 2) Test 3 samples for filtration efficiency and pressure drop via TSI 8130A.
- 3) Preheat the oven (Figure 2) to 75 °C.
- 4) Put the remaining (12) samples into the oven.



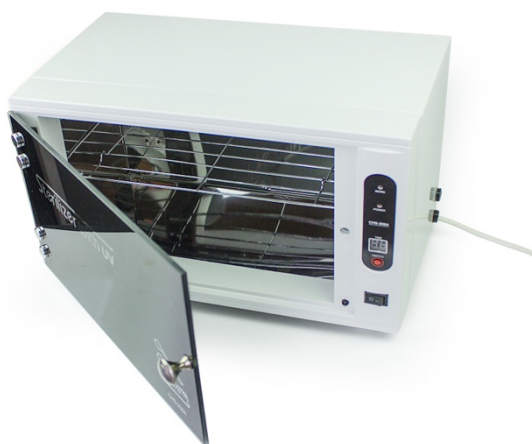
- 5) After 30 minutes of heating, take out all the samples and cool at room temperature for 10 minutes.
- 6) Repeat Step 5 for a total of 20 total cycles.
  - a. After every 5 cycles, pick 3 samples to test as given in Step 2.



**Figure 2.** AI 14 Shelf Max 5 Cu Ft 480°F 5-Sided Heating Vacuum Oven, Across International LLC.

## 2.2 Disinfection method 2: UV

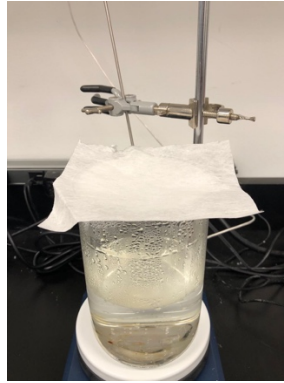
- 1) Prepare 3 pieces of meltblown fabric (15 cm × 15 cm, each).
- 2) Place samples into a UV sterilizer (Figure 3, 254 nm wavelength, 8 W UV light bulb).
- 3) Irradiate under UV light for 30 minutes.
- 4) Take out the samples and let stand under ambient conditions for 10 minutes.
- 5) Repeat Steps 3-4, for a total of 10 cycles.
- 6) Test the filtration efficiency and pressure drop via TSI 8130A.



**Figure 3.** Sterilizer Cabinet With UV, CHS-208A, 110V/60 Hz, 254 nm

## 2.3 Disinfection method 3: Steam

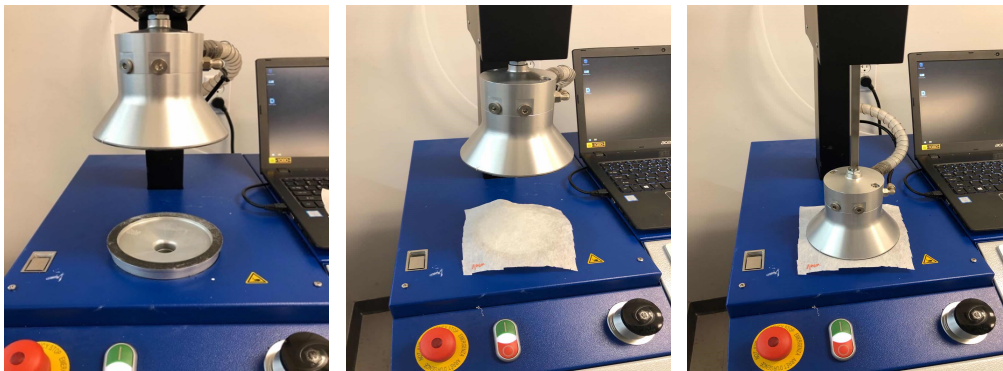
- 1) Prepare 12 pieces of meltblown fabric (15 cm × 15 cm, each).
- 2) Prepare a beaker with clean water and heat on a hot plate to a boil.
- 3) Place the 3 samples stacked on the beaker and heat them via boiling water vapor for 10 minutes (Figure 4).
- 4) Take the samples off and cool at room temperature, making sure the samples are dry.
- 5) Test the filtration efficiency and pressure drop via TSI 8130A (cycle 1).
- 6) Separately, repeat steps 3-4 with the remaining meltblown fabrics, testing at cycles 3, 5, and 10 (each a set of 3 meltblowns).



**Figure 4.** hot water steam disinfection

## 2.4 Air filtration efficiency measurement

We used the standard filter testing TSI 8130A to measure the air filtration efficiency and pressure drop under the flow rate of 32 L/min. The experimental apparatus is show in Figure 5.



**Figure 5.** TSI 8130A for filtration efficiency and pressure drop measurement.

## 3. Results and discussion

The efficiency of the initial meltblown fabric from five samples is in the range of 95.77 to 99.02% with an average at 97.44%. The air pressure drop is from 8-11 Pa, with the average at 8.8 Pa.

**Table 2.** Initial meltblown fabric without any disinfection treatment

	Original	
#	Efficiency (%)	Pressure Drop (Pa)
1	97.38	8
2	98.67	9
3	99.02	11
4	96.37	7
5	95.77	9
Average	97.44 ± 1.41	8.8 ± 1.5

### Disinfection method 1: Hot air (75 °C)

Compared to the initial 97.44% filtration efficiency, the efficiency after 15 cycles of hot air treatment shows no change (97.51%). This holds true after 20 cycles as well, with nearly no change (95.96%). The pressure drop is also nearly constant. This data suggests that 75 °C hot air does not cause the static charge to decay and does not change the three-dimensional structure of filter.

**Table 3.** Hot air (75 °C) disinfection

	Hot Air (30 min, 75 °C)	
Cycle	Efficiency (%)	Pressure Drop (Pa)
5	96.86	7
	96.02	6
	96.21	7
Average	96.36 ± 0.44	6.7 ± 0.6
10	96.85	7
	97.48	8
	97.41	9
Average	97.25 ± 0.34	8.0 ± 1.0
15	97.47	8
	97.94	11
	97.12	8
Average	97.51 ± 0.41	9.0 ± 1.7
20	95.74	8
	95.7	8
	96.44	9
Average	95.96 ± 0.42	8.3 ± 0.6

### Disinfection method 2: UV

After 10 cycles of UV treatment, the meltblown filtration efficiency and pressure drop remained constant. Despite the fact that 254 nm UV light can break the chemical bonds of polypropylene, the UV dosage here does not cause any noticeable damage to the meltblown.

**Table 4.** UV disinfection

Cycle	UV light (30 min)	
10	96.01	10
	96.73	7
	97.60	10
Average	96.78 ± 0.80	9.0 ± 1.7

### Disinfection method 3: Steam

After the first 3 cycles, the steam does not seem to change the filtration efficiency. However, after 5 cycles, the filtration efficiency sees an appreciable drop from ~97% to ~85%. After 10 cycles, the efficiency significantly degrades ~80%. The air pressure drop does not significantly change, suggesting that the three-dimensional structure of the meltblown fabric does not change. This implies it is most likely the steam degrading the static charge of the fiber.

**Table 5.** Steam disinfection

Cycle	Steam (10 min)	
1	97.49	10
	98.19	10
	98.23	10
Average	97.97 ± 0.41	10.0 ± 0.0
3	95.19	9
	96.91	8
	97.14	10
Average	96.41 ± 1.07	9.0 ± 1.0
5	83.94	8
	85.14	6
	86.03	8
Average	85.04 ± 1.05	7.3 ± 1.2
10	80.47	7
	77.77	9

	83.71	9
Average	$80.65 \pm 2.97$	$8.3 \pm 1.2$

#### 4. Conclusion and Additional Notes

From our results, there are two disinfection methods which do not reduce the filtration efficiency of the meltblown layer after an appreciable number of treatment cycles. We found:

**Method 1: 75 °C Hot air (30 min) for 20 cycles**

**Method 2: UV (254 nm, 8 W, 30 min) for 10 cycles.**

Regarding treatment with steam, we advise caution. For 3 treatment cycles or less, we found the filtration efficiency can be maintained at >95%. However, after 5 cycles the efficiency drops to ~85%, and 10 cycles will drop the efficiency to ~80%.

#### Additional notes:

- 1) Based on the SARS coronavirus study, 75 °C for 30 min is sufficient for disinfection (<https://www.ncbi.nlm.nih.gov/pubmed/14631830>)
- 2) UV treatments in our study did not alter the filtration efficiency at 10 cycles. However, we are concerned about the limited penetration depth of UV light. This may limit its virus disinfection capability for particles deep within the filter. This requires additional study.
- 3) Our study is based on one type of meltblown fabric for N95 masks. We have not broadly tested different meltblowns.
- 4) For the 75 °C hot air (30 min) treatment, we simultaneously tested a whole N95 mask. After 20 cycles, we found that the N95 mask did not have any deformations. The elasticity of the ear/face straps were not degraded and were suitable for use.

---

**DISCLAIMER:** the article has not been peer-reviewed; it should not replace individual clinical judgement and the sources cited should be checked. The views expressed in this commentary represent the views of the authors and not necessarily those of the Stanford University School of Medicine. The views are not a substitute for professional medical advice.

---

## **ABOUT THE AUTHORS:**

**Amy Price, DPhil (Oxon)** is a Senior Research Scientist with the Anesthesia, Informatics and Media Lab and The Associate Director of the Stanford Anesthesia Summer Institute. She is an Editor at The BMJ and earned her Doctorate in Evidence Based Health Care at The University of Oxford.

**Larry Chu, MD, MS (Epidemiology), MS (Biochemistry)** is a Professor of Anesthesiology, Perioperative and Pain Medicine and Director of the Stanford Anesthesia Informatics and Media (AIM) Lab. Dr. Chu founded the START online educational program as well as the Learny online learning ecosystem for post-graduate anesthesiology education. He has received NIH RO1 research grants and funding from AHRQ, PCORI and other leading research organizations.

## **COMPETING INTERESTS**

AP and LC have no competing interests to declare

---

The views expressed in this commentary represent the views of the authors and not necessarily those of the Stanford University School of Medicine. The views are not a substitute for professional medical advice.

## **CITE THIS RESOURCE AS**

Price, A and Chu LF, March 2020, COVID-19 Addressing COVID-19 Face Mask Shortages (v 1.3), Learny Anesthesia/Stanford AIM Lab COVID-19 Evidence Service, Stanford, California USA

Version History: 1.0 (3/18/20), 1.1 (3/22/20), 1.2 (3/25/20 11AM PST), 1.3 (3/25/20 8PM PST)