

## **N95 RESPIRATOR USE**

### **Policy**

Healthcare workers who care for residents with Airborne Transmitted Diseases (ATD's), will be medically evaluated for FIT testing and be provided with ongoing training on appropriate use and care of N95 respirators.

### **General Considerations**

1. Surgical/medical facemasks are not the same as respirators and are not designed nor approved to provide protection against airborne particles. Surgical/medical facemasks are designed to provide barrier protection against droplets and are not regulated for particulate filtration efficiency. Surgical/medical facemasks do not form an adequate seal to the wearer's face to be used for respiratory protection. Without an adequate seal, air and small particles may enter around the edges of the respirator and into the wearer's breathing zone.
2. The CDC recommends respirators be worn when aerosol-generating procedures are performed on patients suspected or known to be infected with an illness or pathogen that may become airborne during treatment, i.e., seasonal influenza, viral hemorrhagic fever, MERS-CoV, and novel influenza A viruses associated with severe disease.
3. Employees who require respiratory protection shall receive medical clearance before FIT testing is performed or the respirator is worn.
4. FIT tests will be provided at the time of initial assignment and annually thereafter (annual FIT testing has been waived during the COVID-19 pandemic). Additional FIT tests will be provided whenever the employee experiences or the supervisor observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

### **Filtration, Fit, and Proper Use**

1. The respirator filter must be highly effective at capturing particles that pass through it,
2. The respirator must fit the user's face snugly (i.e., create a seal) to minimize the number of particles that bypass the filter through gaps between the user's skin and the respirator seal; and
3. The respirator must be put on (donned) and taken off (doffed) correctly before and worn throughout the exposure.

<https://www.cdc.gov/niosh/npptl/pdfs/N95-Infographic-Mask-Labeling-508.pdf>

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## Three Key Factors Required for a Respirator to be Effective

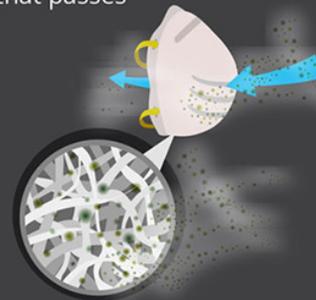


① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.



③ The respirator filter must capture more than 95% of the particles from the air that passes through it.



\*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

<https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/>

4. The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not a substitute for qualitative or quantitative FIT tests.

### Facepiece Positive and/or Negative Pressure Checks

1. **Positive pressure check.** Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.
2. **Negative pressure check.** Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. Note: The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

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3. **Manufacturer's Recommended User Seal Check Procedures.** The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided the employer demonstrates that the manufacturer's procedures are equally effective.

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppB1>

### **Respirator Use**

1. Employees will follow procedures for proper use of respirators under conditions specified and in accordance with the training received on the use of each model or type of respirator.
2. Respirators are inspected prior to each use and discarded/replaced if defective.
3. Respirators relying on a tight facepiece-to-face seal may not be effective and should not be worn when conditions prevent a good seal. Such conditions may be a beard, long moustache, sideburns, or even razor stubble as well as scars, other facial deformities, piercings, and temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.
4. Employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators.
5. To ensure proper protection, the wearer will perform a user seal check, in accordance with the manufacturer's instructions and the training provided at the time of FIT testing, each time the respirator is used.
6. Employees who wear corrective glasses or other personal protective equipment must wear these during their FIT testing to ensure it does not interfere with the facepiece seal.
7. Employees must leave the respirator use area:
  - a. To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
  - b. To wash their face if the respirator is causing discomfort or rash.
  - c. To change the respirator, filters, cartridges, or canister elements.
  - d. To inspect the respirator if it stops functioning as intended, such as detection of vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses).

### **Storage, Reuse, Maintenance and Care of Respirators**

1. Reusable respirators will be stored in a manner to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
2. When caring for infectious patients, disposable filtering facepiece respirators will be discarded after each use (i.e., patient encounter).
3. Reusable elastomeric respirators that are assigned to individual users will be cleaned and disinfected/sterilized after use and stored at room temperature in a dry area that is

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protected from exposure to hazardous contaminants as per the manufacturer's instructions.

4. Reusable respirators will be cleaned with mild soap and warm water and air dried before storing for reuse.

<https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

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