N95 Respirator Guidelines and Resources

This document is designed to serve as a resource for the use of N95 Respirators during the COVID-19 response. It is based on the most current information available from reliable sources. With the ongoing shortage of available N95s and fit-testing equipment and supplies, each organization (employer) using N95s is ultimately responsible for the safe use of the devices, and ensuring those using them are properly trained. Additional agency specific guidance on proper usage of Personal Protective Equipment will be forthcoming.

Current OSHA guidelines: Enforcement Guidance for Respiratory Protection and the N95 Shortage

Below is a summary of the Guidance. Full details are linked above.

- OSHA recommends HCP employers follow existing CDC guidelines, including taking measures to conserve supplies of these respirators while safeguarding HCP
- Make a good faith effort to comply with 29 CFR 1901.134
- Use only NIOSH-certified respirators
- Perform initial fit test for each HCP with same model
- Inform workers that each employer is temporarily suspending the annual fit testing
- Explain to workers the importance of performing a user check
- Conduct a fit test if they observe visual changes in the employee’s physical condition
- Remind workers that they should inform their supervisor if their N95 is compromised


The need for Fit Testing During Emerging Infectious Disease Outbreaks
- Initial Fit Testing is still required
  - Quantitative: Uses an instrument to numerically measure the effectiveness
    - This method is destructive of the respirator
  - Qualitative: Is a pass fail based on taste or smell
    - Qualitative is the preferred method as the respirator can be reused.
    - Takes about 15-20 minutes
  - Just in time
    - Train the trainer method to share the workload
- How to Properly Put on or Take off a Disposable Respirator
- Filtering out Confusion Fit Testing
- Filtering out Confusion User Seal Check

Strategies for Optimizing the supply of N95 Respirators
- Conventional capacity: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.
• Contingency capacity: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of HCP. These practices may be used temporarily during periods of expected N95 respirator shortages.

• Crisis capacity: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known N95 respirator shortages
  - Facilities understand current N95 inventory and supply chain
  - Facilities understand their N95 utilization rate
    - Burn Rate Calculator
  - Facilities communicate with all partners needs
  - Facilities have already implemented conventional capacity measures
  - Facilities provide Healthcare Providers with required education

• Prioritize the use of N95 respirators and facemasks by activity type when N95 supplies are running low

• PANDEMIC PLANNING: Each employer is responsible for determination of the Extended or

<table>
<thead>
<tr>
<th>Suggested facemask or respirator use, based upon distance from a patient with suspected or known COVID-19 and use of source control*</th>
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<tbody>
<tr>
<td><strong>HCP planned proximity to the case patient during encounter</strong></td>
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<tr>
<td>Patient masked for entire encounter (i.e., with source control)</td>
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<tr>
<td><strong>HCP will remain at greater than 6 feet from symptomatic patient</strong></td>
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<tr>
<td><strong>HCP will be within 6 feet of symptomatic patient, including providing direct patient care</strong></td>
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<tr>
<td><strong>HCP will be present in the room during aerosol generating procedures performed on symptomatic persons</strong></td>
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*Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection
Reuse of N95. Below are the summary definitions of each. It is important to know the discard rules.

- **Extended use of N95**: refers to the practice of wearing the same N95 for repeated close contact encounters with several patients.
  - Up to 8 hours of continuous use
  - Discard N95 respirators following use during aerosol generating procedures.
  - Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
  - Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
  - Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
  - Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
  - Discard any respirator that is obviously damaged or becomes hard to breathe through.

- **Reuse**: refers to the practice of using the same N95 for multiple encounters with patients but removing after each encounter.
  - Recommended no more than 5 uses
  - Discard N95 respirators following use during aerosol generating procedures.
  - Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
  - Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
  - Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
  - Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
  - Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
  - Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
  - Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

*For any technical difficulties accessing the above mentioned links, please try copying and pasting the links into a different browser*

For any questions or concerns, please contact the Shawnee County COVID-19 response team Safety Officer Richard Sigle at rdsigle@topeka.org or (785) 368-4401.