



Guidance for Extended Use and Limited Reuse of N95 Respirators in a Time of Respiratory Protection Scarcity – COVID-19 Response

CWA is continuing to fight for appropriate respiratory protection and other personal protective equipment (PPE) to protect healthcare and other essential workers by pressuring the White House to use the Defense Production Act, to release stocks of equipment from the National Stockpile for equitable distribution, increase the supply chain, and identify all sources of N95's and other PPE in the U.S. and other countries. CWA is also advocating for the use of respirators that are more protective than N95 respirators, such as N-100's, half or full face elastomeric air purifying respirators with high efficiency particulate air (HEPA) filters, and Powered Air Purifying Respirators (PAPRs). CWA wants all healthcare workers who have contact with suspect, presumed, or confirmed COVID-19 patients to have respiratory protection that will keep them safe from exposure and illness and prevent the spread of the virus.

Filtering facepiece respirators, like N95 respirators, are single use, disposable respirators. Under normal circumstances, employers are required to follow the requirements of the OSHA Respiratory Protection Standard including establish a written respiratory protection program, medically evaluate and fit-test healthcare workers who are required to wear respirators, and providing training.

Due to the shortages of N95 respirators and other personal protective equipment (PPE) during the COVID-19 pandemic, the CDC has drastically downgraded their recommendations for the use of respirators and PPE and is allowing for extended and reuse of N95 respirators. Following is a summary of the current guidance from the CDC/NIOSH.

PART I

1. UTILIZE ENGINEERING AND ADMINISTRATIVE CONTROLS

Minimize the number of individuals who need to use respiratory protection through use of engineering and administrative controls such as early patient assessment and identification, effective patient isolation, co-horting of patients, and limiting the number of COVID-19 treating staff who need respiratory protection.

2. USE BETTER RESPIRATORS AND NON-MEDICAL RESPIRATORS

Use better alternatives to N95 respirators – Use other types of disposable filtering facepiece respirators. Allow use of industrial-type elastomeric half-mask and full facepiece air purifying

respirators with high efficiency particulate air (HEPA) filters and Powered Air Purifying Respirators (PAPRs).

3. EXTEND AND REUSE N95s

Implement practices allowing extended use and/or limited reuse of N95 and other single-use disposable respirators.

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

4. PROTECT RESPIRATORS FROM CONTAMINATION

Protect all respirators from exposures to contact, droplet and aerosol contaminants during use.

5. PROTECT COMPROMISED HEALTHCARE WORKERS

Prioritize the use of N95 and better, respirators for personnel with the highest health risks of contracting or experiencing complications of infection.

6. KNOW WHEN TO DISCARD FILTERING FACEPIECE RESPIRATORS

Discard and do not reuse filtering facepiece respirators (N95 and better) following:

- a. Unprotected exposure to any aerosol generating procedures
- b. Whenever respirator becomes contaminated with blood, respiratory or nasal secretions, or bodily fluids
- c. After unprotected exposure and close contact with care area of COVID-19 patient

7. PROTECT RESPIRATORS DURING EXTENDED USE OR REUSE

a. Use a full faceshield over an N95 respirator for patient care. Cleanable faceshields are preferred. Disinfect faceshield between uses. Only reuse disposable faceshields if they can be fully sanitized after use.

b. Mask the patient. Make sure patient wears a surgical facemask

Use patient masking and available engineering controls to prevent aerosolized, droplet and contact pathogens from contaminating the outside of the respirator and other HCP's PPE.

8. HAND HYGIENE

Perform hand hygiene with soap/water or alcohol-based hand sanitizer before and after touching or adjusting the respirator.

9. RESPIRATORS THAT ARE PAST SERVICE LIFE

Discard any respirator that is damaged, distorted or hard to breathe through.

PART II. EXTENDED USE OF RESPIRATORS

To minimize respirator handling, extended use of respirators is preferred over reuse, though often combined with reuse.

1. ENSURE GOOD FIT

Perform a user seal check every time a clean, new respirator is donned.

2. DON'T TAKE IT OFF

Keep wearing the same respirator as care is provided for multiple patients with the same respiratory pathogen. That means the HCP exits one patient's room and enters another without having touched used respirator or faceshield.

3. KEEP RESPIRATOR CLEAN

Protect outside of respirator by using barriers to prevent droplet spray contamination. Use face shield (preferred.)

If faceshield is not available, cover the respirator with a disposable loose fitting surgical mask.

4. DON'T TOUCH IT

Do not touch or remove respirator during period of extended use. To use restroom or take a break, remove respirator and PPE following all precautions in Section IV below.

5. CLEAN GLOVES

Use clean gloves when removing respirator. Handle respirator by straps, not by facepiece.

6. TIME LIMIT

No more than 8 total hours of use per respirator, or follow manufacturer's recommendations for model and type of respirator worn.

PART III. LIMITED REUSE OF FILTERING FACEPIECE RESPIRATORS:

1. DON'T CONTAMINATE IT FURTHER

Use clean (non-sterile) gloves when donning a used respirator.

2. CHECK RESPIRATOR FIT USING CLEAN GLOVES:

Perform a user seal check wearing clean gloves every time respirator is reused/donned.

3. KEEP RESPIRATOR CLEAN

Protect outside of respirator from droplet, aerosol and contact contamination by using face shield (preferred) or covering with a surgical mask.

4. PROTECT YOUR HANDS

Use clean gloves before doffing a respirator you plan to reuse.

5. KNOW WHEN TO DISCARD

Discard respirator after aerosol generating procedures and/or when contaminated with blood, respiratory or nasal secretions or other bodily fluids.

6. LIMITS OF USE

No more than 5 reuses per filtering facepiece device permitted.

PART IV: REUSING RESPIRATORS AND STORING BETWEEN USES:

1. DON'T TOUCH THE INSIDE

Avoid touching and contaminating the inside of the respirator.

2. AVOID TOUCHING THE OUTSIDE

Avoid touching outside of the respirator. If contact is made, change gloves and perform hand hygiene as with extended use.

3. STORING USED RESPIRATORS

For reuse, hang used respirators in designated storage area or keep it in a clean, breathable container (e.g. paper bag) between uses. DO NOT STORE IN PLASTIC BAGS. Change storage bags to prevent spreading contamination to the inside of the respirator.

4. STORAGE SUGGESTIONS

Minimize potential cross-contamination, store respirators so they do not touch.

5. KNOW WHOSE IT IS

Clearly identify person using the respirator.

6. DISINFECT THE STORAGE AREA FREQUENTLY

Storage containers should be disposed of or sanitized regularly.

SOURCE MATERIAL:

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>