

PART I: GENERAL RULES for dealing with shortages of N95 respirators:

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 and Powered Air Purifying Respirators (PAPRs)

PAPR pic: <https://workersafety.3m.com/using-paprs-clinical-healthcare-settings/>



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:

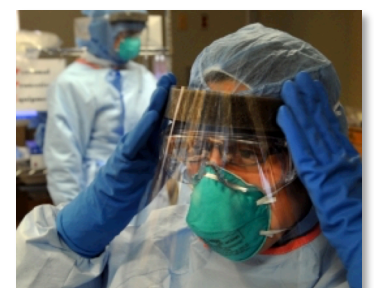
Discard and do not reuse filtering facepiece respirators (N95 and better) following:

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

7. PROTECT RESPIRATORS DURING EXTENDED USE OR REUSE:

- 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.

Faceshield pic: <https://www.mdsassociates.com/category/p.p.e./head-face-protection/disposable-adjustable-face-shields>



- 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.

Patient pic: <https://www.sfcidcp.org/communicable-disease/healthy-habits/how-to-put-on-and-remove-a-face-mask/>



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.

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 respirator.

2. AVOID TOUCHING THE OUTSIDE:

Avoid touching outside of 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 inside of 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>