



Guidance for Use & Conservation of PPE: N95 Respirators, Masks, and Eye Protection

Respirators filter inspired air. They provide respiratory protection with droplet-nuclei sized particles, which can remain suspended in the air, as seen with specific microorganisms and those created during aerosol generating procedures. At CMH, both re-usable PAPRs and N95 disposable respirators are acceptable for use with patients on Airborne Precautions.

The effectiveness of an N95 respirator is highly dependent upon their proper fit and use. Care needs to be taken during donning, doffing, and performing the “fit check” to determine whether a tight seal around the face is protective.

In times of limited supply, regulations are relaxed to allow HCW access to supplies that can be made available to them. Currently, we are not fit testing to wear an N95, due to the additional respirators that get “wasted” during the fit testing process. Additionally, we are given permission to use PPE past the printed expiration dates and to be able to use N95s supplied from different manufacturers from the one we were fit tested to use. This is why the “fit check” becomes so essential to ensure that no matter what type of N95 we use, our respirator is providing protection.

Therefore, we must look to other methods to conserve our N95s.

- **DO NOT routinely wear an N95 for anything other than entering an Airborne Precaution room or performing an aerosol generating procedure on a COVID-19 patient**
- Once used, **we may enlist “extended wear” protocols which allow the N95 to remain on a healthcare worker’s face during the remainder of their shift.** Make sure that the external portion of the respirator is not touched, as this has the potential to spread the infection. If it has to be removed, you will need to take another one.
- **N95s may be used in conjunction with a re-usable full-face shield** in order to provide a protective barrier over the respirator in order to preserve their use and prevent contamination. This is a much better choice than a surgical mask, which would be wasting two pieces of PPE.
- Additional **considerations are being made about other methods to protect the N95** such as the use of re-usable cloth masks placed over the N95 and irradiation to disinfect them for re-use.
- **N95s worn for Airborne Precautions in conjunction with Tuberculosis may be re-used for the same patient.** They should be removed by the strings, placed in a paper bag labeled with the healthcare worker’s name, and stored outside of the patient room. TB is not spread through direct contact; therefore, the external portion of the respirator cannot transmit TB, the way it might with COVID-19.
- N95s must be replaced:
 - When they **become wet, soiled, or damaged** in any way
 - When they **no longer allow for a proper fit**
 - After **any aerosol generating procedure** where there’s potential for contamination
 - After **approximately 5 uses or one work shift**
- **Do not allow the facemask to dangle or fall under the nose or chin.** This spreads contamination.

Eye Protection & Masks

Eye protection comes in different styles: full face shields, half face shields with face mask, re-usable goggles, disposable or re-usable protective glasses. **Eye protection does not include regular glasses** because the sides, top and bottom of the lenses need to be extended to prevent droplets or splashes from entering the eye.

Facemasks protect the wearer from splashes and sprays of larger droplets. By providing a coughing patient with a mask, and “containing the source”, you are preventing those droplets generated from escaping into the environment. When HCP are also masked, it is an additional layer of protection. **Facemasks are required for use with patients on Droplet Precautions.**

- **Extended use of eye protection and masks are acceptable**, do not remove between patients, do not touch the exterior portion of the lenses in order to prevent self-contamination.
- **Remove and reprocess when eye protection becomes visibly soiled, difficult to see through, or if exiting an isolation patient's room** before caring for a "clean" patient.
- Reprocessing eye protection includes:
 - While **wearing gloves, carefully wipe the inside, followed by the outside** of the face shield or goggles using a clean cloth or disinfectant wipe to remove any visible contamination.
 - **Wipe the outside of the face shield or goggles a second time** to disinfect.
 - If necessary, **wipe with water or alcohol to remove residue**
 - **Fully dry**
 - **Remove gloves and perform hand hygiene**

**As with all PPE, if it is worn correctly, including removal, it will protect from disease transmission.
If it is not worn correctly, it can be a major source of self-contamination**