

FDA- CDC- NISOH Pandemic Planning N95 recommendations:

Guidelines:

- Limit employees who need to use respiratory protection through engineering and administrative controls
- Use alternatives to N95 respirators (other classes or PAPRS) where feasible
- Implement extended use and/or limited reuse, when acceptable
- Prioritize N 95 respirators for those personnel at highest risk for contacting or experiencing complications with infections

Extended Use:

Refers to the practice of wearing the same N95 respirator for close contact encounters with several patients without removing it. (This contradicts CMS, but we would establish need and policy for it). Conditions:

- Multiple patients with same respiratory pathogen
- All placed in same waiting room, hospital wards (e.g cohort care locations)
- Favored due to less handling of the respirator, less risk of contact transmission
- Maximum use prior to removal depends on hygienic reasons (wet ,soiled, contact with infectious agents) and practical considerations: meal break, rest room break – rather than a number of hours
- Consider use of face shield over an N95 respirator or masking patients to keep the surface clean
- Perform hand hygiene before and after touching or adjusting the respirator

Reuse:

Refers to wearing the same N95 respirator for multiple patients, removing (doffing) after each encounter.

- Respirator is stored between uses to put on (don) again
- Donning includes:
 - Wearing gloves and avoiding contact with inside of mask
 - Avoid touching the inside of the respirator
 - Use a pair of clean exam gloves when donning a used respirator and perform fit check. Discard gloves after donning and doing fit check.
- TB is appropriate reuse situation
 - Same employee
 - Until no longer functional
 - Limited reuse: 3M 1860 N95 respirator : Recommendations up to 5 reuse (check individual manufacturer for any limitations)
- Contact organism contraindication unless N95 is protected with face shield or surgical mask worn over it.
- Store in clean breathable container (paper disposable bag)- Do not touch each other. Person identified (do not write on masks)
- Perform hand hygiene before and after touching or adjusting the respirator

Must discard respirators:

- When used in aerosol generating procedures
- Contamination with blood, respiratory or nasal secretions or other bodily fluids from patients.
- When used in contact isolation rooms without shield to prevent soiling
- Obviously damaged or becomes hard to breathe through, soiled, misshapen
- If reuse, after 5 reuse donning episodes