

RESOURCES & TIPS

Search for these key terms:

Flu, Masks, Respirators,
Personal Protective Equipment,
Respiratory Protection

RESOURCES ONLINE

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TIPS

Even if you have been immunized, there is no “zone of protection” for all situations. Use appropriate isolation precautions as they apply, even if you wear a mask or respirator.

Respirators must be “user seal” tested each time the wearer uses it.

Become familiar with and select appropriate personal protective equipment.



Masks & Respirators When & Where?

Professional Nursing & Health Care Council and
Occupational & Environmental Health & Safety Committee

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WSNA WASHINGTON STATE
NURSES ASSOCIATION

wsna.org

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TYPES OF MASKS & RESPIRATORS

- ✓ **MASKS**
Filter larger particles
(See Comparison Table on opposite side.)
- ✓ **AIR PURIFYING RESPIRATORS (APRS)**
Filter contaminants
- ✓ **SUPPLIED AIR RESPIRATORS (SARS)**
Supply clean air from a separate source
- ✓ **POSITIVE AIR PRESSURE RESPIRATORS (PAPRS)**
Both APR and SARs - Positive pressure respirators provide high levels of protection by pumping air into the mask at all times. Connected to separate air source with positive pressure at all times. Used when facility protocol requires its use or the nurse has a condition such as claustrophobia, cardiac or respiratory problems, or facial malformations or facial hair prevent good fit of other masks or respirators.
- ✓ **NEGATIVE PRESSURE RESPIRATORS**
Rely on the wearer’s lung power to draw air in

EXAMPLES

SURGICAL MASK



N-95 PREFORMED RESPIRATOR



RESPIRATOR



COMPARISON OF MASKS AND RESPIRATORS

Regulated by OSHA under general industry standard for respiratory protection (29CFR1910.134). This standard requires that U.S. employers implement a program to protect employees from inhalation of toxic gases.

MASKS	RESPIRATORS
Creates a physical barrier between the mouth and nose of the wearer and the environment. Come with or without a face shield. Does NOT filter or block small particles in the air, including gases or vapors.	Covers at least the nose and mouth, used to reduce wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Filters out or blocks small particles (see manufacturer's specifications).
Does NOT require a "user seal" check.	A "user seal" check should be performed each time it is worn.
Help block large-particle droplets (>5 um in size), splashes, sprays or splatter that may contain viruses and bacteria.	Blocks small particle droplets including those found with aerosol treatment administration. N95 or N100 indicates 95% or 100% efficiency rating. N means it cannot be used with oil.
Worn by HCP ¹ in close contact (i.e., within 3 feet) with a patient who has symptoms of a respiratory infection, particularly if fever is present, as recommended for standard and droplet precautions ² . If not sure of contact, put on mask and other PPE on entry into room.	Worn by HCP in close contact with a patient who has an undiagnosed respiratory infection or if giving aerosol treatments that result in small particle sizes.
Most protective of others.	Protective of both the wearer and others.
Does NOT provide additional oxygen.	Some may be connected to oxygen sources.
Disposable. One time use - then throw away or dispose of per hospital policy. Dispose of when leaving the patient bedside/room or if wet/contaminated.	N95 and N100 lightweight and disposable. PAPR not disposable. If used by more than one employee, cleaning and disinfecting, storage, inspection, and repair of respirators must be performed.

FIT TESTING & USER SEAL TESTING

FIT TESTING

The wearer must pass an appropriate fit test using the procedures detailed in OSHA's respirator standard. This ensures they are wearing an appropriate size and that the respirator fits properly. This should be done before any of these other checks.

USER SEAL TESTING

Using manufacturer's instructions, the user tests to ensure he/she has correctly put on the respirator and adjusted it to fit properly. Performed each time the respirator is worn.

CONTRAINDICATIONS

There may be contraindications to testing. These include such things as claustrophobia, cardiac or respiratory conditions, facial malformations that prevent fit of N95 or N100 masks, or facial hair that prevents good fit of other respirators.

Footnotes

- Healthcare personnel (HCP) may be exposed to biological hazards (such as infectious agents) as part of their work in healthcare settings. In order to protect themselves and others from transmission of and exposure to these hazards, HCP should become familiar with personal protection equipment.*
- Maintain until the patient has been determined to be noninfectious or for the duration recommended for the specific infectious agent.*

PRESSURE CHECKS

NEGATIVE PRESSURE CHECK

A type of user seal testing. Put on the respirator according to manufacturer's instructions. Wearer covers inlet (covers and seals the filter cartridge(s) using his / her palm) and inhales gently. The wearer holds his / her breath for about 10 seconds. The respirator should collapse slightly if the seal is good. Look and feel for leaks around the facepiece. If no leaks, the test is "passed."

POSITIVE PRESSURE CHECK

The exhalation valve cover opening(s) is blocked off and positive pressure is maintained for 5 seconds. If no outward leakage is detected, the test is a "pass." If leakage is detected, the respirator may be "bad" or a leak exists between the face and respirator. Readjust and if the leak continues, try another respirator.