

Extended Use Best Practices for N95 Respirators

Note: extended use is favored over re-use because it is expected to involve less touching of the respirator and therefore less risk of contact transmission.

Use the following considerations when developing extended use policies:

	<p>When assessing the safety of a respirator, HCPs must primarily evaluate its fit and function.</p> <p>The maximum length of continuous use in non-dusty healthcare workplaces is typically dictated by hygienic concerns (e.g. the respirator was discarded because it became contaminated) or practical considerations (e.g., need to use the restroom, meal breaks, etc.), rather than a pre-determined number of hours.</p>	
	<p>Engineering controls:</p> <ul style="list-style-type: none"> • AIIR rooms (if available) • Ventilation • Barriers (e.g. curtains) 	<p>Administrative controls:</p> <ul style="list-style-type: none"> • Limit close contact time • Cohorting • Telemedicine
	<p>Consider additional training and reminders (e.g. posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check.</p>	
	<p>Healthcare facilities should develop clearly written procedures to advise staff to take steps to reduce contact transmission after donning. For example:</p> <ol style="list-style-type: none"> a. Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit). b. Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination of respirator. 	
	<p>Extended use alone is unlikely to degrade respiratory protection. However, healthcare facilities should develop clearly written procedures to advise staff to discard any respirator that is obviously damaged or becomes hard to breathe through. For example:</p> <ol style="list-style-type: none"> a. Discard N95 respirators following use during aerosol-generating procedures. b. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients. c. Discard N95 respirators that are damaged or hard to breathe through. 	