## Background

The SARS-CoV-2 the virus that causes COVID-19 disease has created an increased demand for N95 filtering facepiece respirators (FFRs), limiting availability for use in protecting workers in healthcare and emergency response from exposure to the virus.

The Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) letter permitting National Institute for Occupational Safety and Health (NIOSH)-approved, disposable filtering facepiece respirators, including those that were NIOSH-approved but have since passed the manufacturer’s recommended shelf life, to be used in healthcare settings to mitigate further transmission of COVID-19.

Under the CDC guidance “Use of respirators approved under standards used in other countries that are similar to NIOSH-approved respirators” other countries approve respirators for occupational use according to country-specific standards. These products are evaluated using some methods that are like those used by NIOSH. Some methods are different but are expected to provide similar protection to NIOSH-approved filtering facepiece and elastomeric respirators. Devices supplied by current NIOSH-approval holders producing respirators under the standards authorized in the listed countries are expected to provide the protection indicated, given that a proper fit is achieved. Therefore, they are acceptable alternatives to provide protection during the COVID-19 response when supplies are short. Ohio Living follows the guidance published on April 3, 2020, by the FDA which was an update to the [Non-NIOSH Approved Respirator EUA](https://www.fda.gov/media/136664/download) concerning non-NIOSH-approved respirators that have been approved in other countries. The list can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html#contingency>.

## Policy

To establish standard operating procedures that ensure the protection of employees from respiratory hazards through proper selection and use of respirators. This program applies to all employees who are required to wear respirators during normal operations.

# **Procedure**

1. At a minimum, Ohio Living health care professionals (HCP) are to wear surgical masks and eye protection (e.g., face shields, goggles) as an interim measure to protect against splashes and large droplets (note: surgical masks are ***not*** respirators and do not provide protection against aerosol-generating procedures).
2. Ohio Living has made reasonable efforts to obtain fit-testing supplies during the COVID-19 pandemic outbreak in the United States. Fit test kits finally came available at the end of July 2020. Ohio Living fit tests all employees that are assigned to wear N95 respirators.
3. When N95 respirators are required and prior to fit testing each employee must complete the Occupational Safety and Health Administration’s (OSHA) medical evaluation questionnaire. Upon completion of the medical evaluation questionnaire a physician or licensed health care professional (PLHCP) review it to assess whether:
   1. A follow-up exam with a physician is required for that worker.
   2. The worker is cleared for respirator use with no restrictions.
   3. The worker is cleared with restrictions. That may mean they can’t use a negative pressure respirator on the job but could consider a positive pressure respirator instead.
   4. The worker isn’t cleared for any respirator usage.

Extended Use of Respirators

When extended use or reuse of N95 FFRs becomes necessary, the same worker is permitted to extend use of or reuse the respirator, if the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated (e.g., with blood, oil, paint, make-up). Extended use is preferred over reuse due to contact transmission risk associated with donning/doffing during reuse.

* + Users should perform a user seal check each time they don a respirator.
  + Ohio Living trains the staff to visually inspect the N95 FFRs to determine if the structural and functional integrity of the respirator has been compromised. Over time, components such as the straps, nose bridge, and nose foam material may degrade, which can affect the quality of the fit and seal.
  + Ohio Living employees have also been trained to understand that if the structural and/or functional integrity of any part of the respirator is compromised, it should be discarded, and that if a successful user seal check cannot be performed, another respirator should be tried to achieve a successful user seal check.
  + When reuse of respirators is necessary, an appropriate sequence for donning/doffing procedures will be used to prevent contamination, and training needs to address appropriate donning/doffing procedures. Refer to the pdf document “PPE-Sequence for donning and doffing.” The proper donning and doffing documents will be posted as a reference and reminder to all staff that are required to don and doff personal protection equipment (PPE).
  + Extended use respirators are hung in a designated storage area or kept in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, the stored respirators do not touch each other and the person using the respirator is clearly identified. The extended use respirators are rotated every 72 hours per Ohio Department of Health recommendation.

Use of Expired N95:

When there is a shortage of N95 masks are not available the use of alternative options may be appropriate.

* + If the use of expired N95 masks is the only option, Ohio Living staff will be notified that they are using expired (past recommended shelf life) N95s.
  + N95 expired masks and those within their shelf life will not be co-mingled.
  + If Ohio Living is going to make expired N95s available from our own stored inventory (i.e., not from the U.S. Strategic National Stockpile), Ohio Living will make every attempt to seek assistance from the respirator manufacturer or independent lab regarding testing of those stored respirators prior to use.

Expired N95s generally will ***not*** be used when the HCP:

* + Performs procedures expected to generate aerosols or procedures where respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, nebulizer treatments, sputum induction). on patients infected with, or potentially infected with, COVID-19.
  + In accordance with CDC guidance for optimizing the supply of respirators, when the HCP is performing aerosol-generating procedures or procedures where respiratory secretions are likely to be poorly controlled, the HCP will use respirators that are still within their manufacturer’s recommended shelf life, if available.