Frequently Asked Questions for N95 Respirator Users Related to Use, Fit Testing and Training

Fit Testing of N95 Respirators is required under the Workplace Safety and health Regulation through its reference to the CSA Standard CSA-Z94.4-11, Selection, Use, and Care of Respirators.

What's the difference between a N95 Respirator and a surgical/procedure mask?

- A N95 NIOSH-approved respirator protects the user from inhaling airborne hazards. It can filter out 95% of airborne particles that are 0.3 microns or more in size.
- A surgical/procedure mask is not a respirator as it is designed to protect the nose and mouth from sprays or splashes. Protection to eyes/face can be enhanced by using face-shields. A surgical/procedure mask should be worn if in close contact to someone on droplet transmission precautions.

What is Fit Testing and why do I need it?

Fit testing is required to determine if a particular size and model of respirator provides you with an acceptable fit and seal to your face. Fit testing consists of training related to donning/doffing the respirator and the fit test itself using the Portacount Machine and takes approximately 20 minutes. Fit testing is legislated for staff who have reasonable expectation of exposure to airborne infectious materials.

Preparing for Fit Testing

- Do not eat, drink (other than water), smoke or chew gum for 20 minutes before the test.
- Must be clean-shaven where the respirator touches your face to ensure a good seal.

Why do staff need to be clean-shaven for fit testing or to wear a respirator?

Facial hair will interfere with the ability to get a good seal. Staff must be clean-shaven where the respirator ***seals to the face*** (as per the CSA Standard) for fit testing or when wearing the respirator.

When should fit testing be repeated?

- Every two years, or
- If there is a significant change in facial structure. This could be from weight gain/loss or broken bones, etc.

Note: Staff with recently expired 3M Aura, V-Flex or 1860 respirator fit testing can continue to wear the same make/model/size to which they were fit tested.

When do I need to wear a N95 Respirator?

- As directed by the Infection Prevention & Control Manual for Airborne Precautions. Examples include Tuberculosis, SARS, Chicken Pox, Measles, Mumps, Ebola, emerging unidentified respiratory infections.
- When aerosol generating medical procedures (AGMPs) are being performed.
- Exposure to Particulate Dusts or Mists or Particulate plumes such as electrocautery in specific surgical cases.

Ask your manager if you are unsure.

How do I put on an N95 Respirator and know if I am getting a good seal?

- Use **ONLY** the respirator make, model and size to which you have been fit tested.
- Follow the instructions on the information sheet for the specific respirator to which you have been fit tested.
- Ensure that you perform the seal check as indicated.

How long can a disposable N95 respirator be used/worn?

These respirators are designed to be worn for single use of 8 hours or as long as it remains able to protect you from respiratory hazards. It should be changed and discarded if it becomes damaged or deformed; no longer forms an effective seal to the face; breathing through it becomes more difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids. Please note the respirator is not immediately compromised if it becomes contaminated; change at first available opportunity. Laughing, yawning, grimacing, coughing and sneezing may alter the seal of the respirator.

How do I remove my respirator?

Perform hand hygiene and carefully remove your respirator using both the straps. Ensure you close your eyes while removing it. Do not not touch the front of the respirator. Dispose. Perform hand hygiene once respirator is discarded.

Contact your local workplace or occupational health and safety designate for fit testing appointments.

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Respiratory Selection Guidelines

Hazards	Examples	PPE
Particulate Airborne Infectious Agents	TB, SARS, Chicken Pox, Avian Flu, Measles, Mumps, Ebola, emerging unidentified respiratory infections	N95 As required in the Infection Prevention & Control Manual for Airborne Precautions
Particulate Mists	Droplet	N95, P100, Appropriate particulate cartridge with half face / PAPR / Full Face.
Nuisance Dusts	Storage Area's	Dust Mask *(not a respirator)*
Staff Biological	Protecting Patients	Surgical Mask *(not a respirator)*
Particulate Dust	Mold Maintenance Activities Asbestos	N95, P100, Appropriate particulate cartridge with half face /PAPR/ Full Face.
Particulate Plume/Fume	Electrocautery, Lasers, Welding	N95 / Appropriate particulate / chemical cartridge with half face / PAPR / Full Face.
Chemical Vapors	Solvents, Bleach, Aldydes, Anesthetic Gasses	Appropriate Chemical Cartridge with half face / full face / PAPR/ SCBA, etc.
Gasses	Oxygen, Nitrous Oxide, Nitrogen Helium	Appropriate Chemical Cartridge with half face / full face / PAPR/ SCBA, etc.
Oxygen Deficiencies	Confined Spaces	SCBA

RESPIRATORY PROTECTION FOR
AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)†

Wear fit-tested N95 respirators in the following situations:		
AT ALL TIMES	**DIAGNOSIS UNKNOWN**	**NON-RESPIRATORY TB**
• Respiratory TB or other pathogens spread by the airborne route are known or suspected • Sputum induction • Emergent intubation* • Cardiopulmonary resuscitation* • Autopsy* • Bronchoscopy*	• Open tracheal suctioning • Planned break in ventilator circuit • Extubation	• Non-respiratory TB highly suspected or diagnosed, and there is potential for aerosolization from the site (e.g., open abscess or wound irrigation)

*According to Point of Care Risk Assessment (refer to Routine Practices)

†**Aerosol-generating medical procedures (AGMPs)**: AGMPs are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. There are several types of AGMPs which have been associated with a documented increased risk of tuberculosis (TB) or SARS transmission: Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), Cardiopulmonary resuscitation, Bronchoscopy, Sputum induction, Nebulized therapy, Autopsy, Non-invasive positive pressure ventilation (CPAP, BiPAP).