

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-Z94.4-02, Selection, Use, and Care of Respirators.

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

- 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.
- An 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.

What is Fit Testing and why do I need it?

Fit testing is needed 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.

Preparing for Fit Testing

- Don't 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.

Can staff be Fit Tested with a full beard?

No. A beard 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's a significant change in facial structure. This could be from weight gain/loss or broken bones, etc.

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

- Use only the respirator and size that you have been fitted to.
- Follow the instructions on the reverse side of the page
- Ensure that you perform the seal check as indicated.

How long can a disposable N-95 respirator be used/worn?

The key consideration in how long a respirator can be worn is that it is safe and remains able to protect you from respiratory hazards. This means that it should be changed or discarded when 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 from patients. Please note the respirator isn't immediately compromised if it becomes contaminated, change at first available opportunity.

These respirators are designed to be worn for single use of 8 hours and there is extensive experience in industrial settings, indicating that 8 hours of continuous or intermittent use is a safe duration from the standpoint of respirator function.

How do I remove my respirator?

- Perform hand hygiene
- Carefully remove your respirator using both the straps
- Close your eyes while removing it
- Do not touch the front of the respirator
- Dispose

Appointments for fit testing can be made through Occupational and Environmental Safety & Health

Respiratory Selection Guidelines

Hazards	Examples	PPE
Particulate Airborne Infectious Agents	TB, SARS, Chicken Pox, Avian Flu, Measles, Mumps, H1N1, Ebola	N95
Particulate Mists	Droplet	N95, P100, Appropriate particulate cartridge with half face / PAPR / Full Face.
Nuisance Dusts	Storage Area's	Dust Mask (<i>not a respirator</i>)
Staff Biological	Protecting Patients	Surgical Mask (<i>not a respirator</i>)
Particulate Dust	Mold Maintenance Activities Asbestos	N95, P100, Appropriate particulate cartridge with half face /PAPR/ Full Face.
Particulate Fume	Electrocautery, Lasers, Welding	N95 / Appropriate particulate / chemical cartridge with half face / PAPR / Full Face.
Chemical Vapors	Solvents, Bleach, Aldehydes, 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
<ul style="list-style-type: none"> • Respiratory TB or other pathogens spread by the airborne route are known or suspected • Sputum induction • Emergent intubation* • Cardiopulmonary resuscitation* • Autopsy* • Bronchoscopy* 	<ul style="list-style-type: none"> • Open tracheal suctioning • Planned break in ventilator circuit • Extubation 	<ul style="list-style-type: none"> • 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).