

N95 Use Clarification

Use and reuse directions for N95 respirators are different based on how and where the N95 is being used.

Required N95 Use for COVID-19 and Other Airborne Pathogens

- If you are wearing an N95 respirator while caring for patients with suspected or confirmed COVID-19 infection (or otherwise on Airborne or Special Airborne Contact Isolation), the respirator should be used for the entire shift and discarded at the end of the shift unless visibly soiled, damaged, or fails seal check.

Optional N95 Use

- If you choose to wear an N95 respirator for added respiratory protection in place of an ear loop mask, the N95 may be reused for up to 5 shifts; discard it after 5 shifts or sooner if visibly soiled, damaged, or fails seal check.
- If you are working in the procedural and peri-op environment, the only change to your current allotment and rotation plan is to wait 5 days between uses rather than 3. Additional detail can be found [here](#).

	Intended Use	
	Required N95 Use: Caring for patients on Airborne or Special Airborne Contact Isolation (suspected/confirmed COVID-19 infection, TB, etc.)	Optional N95 Use for Additional Protection (including Perioperative Services)
N95 Respirator use required?	Yes	No. Optional in lieu of ear loop mask.
Length of use?	One shift (sooner if visibly soiled or damaged)	May be reused for up to 5 shifts; discard it after 5 shifts or sooner if visibly soiled, damaged, or fails seal check
Fit-testing?*	A seal check is the most important step in donning an N95 respirator regardless of whether you are fit-tested.	
Seal check required?	Yes	Yes

*If you are not fit-tested but are providing care to COVID positive patients, you must perform a seal check prior to each use. Please contact your manager or check the [OESO website](#) for fit-testing opportunities.

Frequently Asked Questions

1. What if I care for patients with suspected or confirmed COVID-19 infection and patients without COVID-19 infection during the same shift?

Use one N95 per shift and discard at the end of shift (unless it becomes visibly soiled, damaged, or fails seal check) if you have cared for patients with COVID-19 infection during your shift.

2. What if I routinely care for COVID patients in the ED or inpatient setting and have not been fit-tested?

Please see the [OESO website](#) for upcoming fit-testing sessions, which will be updated as additional sessions are added. Regardless of fit-test status, users must continue to perform a seal check prior to each use of an N95 respirator as a safe manner for ensuring a proper fit and seal.

3. Can managers run reports to help determine who on their team has not yet been fit-tested?

Respirator Status Reports that show fit-testing information are available through the Safety Training Reports on the OESO website: <https://sms.duhs.duke.edu/sms>. If you (or your designee) do not already have access to run these reports, you can request it here: <https://www.safety.duke.edu/reports-access-requests>.

4. What if I don't work in the ED, on a COVID unit, or in any clinical area?

An optional N95 may be reused for up to 5 shifts; discard it after 5 shifts or sooner if visibly soiled, damaged, or fails seal check.

5. What if I work in peri-op?

No change (unless you are returning to work after a recent COVID-19 infection). Continue to pick up monthly allocation of n+1 N-95 respirator where n= # days per week worked. Discard respirators at end of month/30 days. Rotate use of respirators for 5-day gap between uses. If you are returning to work after a recent COVID infection, you should wear an N95 without a valve for a higher level of source control.

6. What if I am recently positive for COVID-19 and returning to work?

You are required to wear a well-fitting mask through day 10. We recommend an N95 respirator and, if you wear an N95, we require that it not have a valve for a higher level of source control. Use one N95 per shift and discard at the end of shift (unless it becomes visibly soiled, damaged, or fails seal check).

7. When should I dispose of my N95?

To avoid contamination, remove N95 respirator and place in waste/trash receptacle at these times:

- After performing high-risk aerosol-generating procedures
- At end of shift for low-risk aerosol-generating procedures
- If contamination occurs during patient care
- If N95 respirator becomes visibly soiled with blood or bodily fluids
- If N95 respirator becomes obviously damaged or hard to breathe through, or fails seal check

At all other times, place in labeled bag and save for reuse for up to 5 shifts. For more information, review these [instructions for extended use and re-use](#).