



What to Do if Your Facility Implements Respirator “Cleaning”

There is **no credible evidence that it is possible to disinfect disposable N95 equipment** and retain the protective effectiveness of the respirator.

MANUFACTURER SAYS DON'T DO IT

In fact, one of the largest producers of filtering face piece respirators (FFP), 3M, has stated that:

“As of March 27, 2020 no disinfection method has met all four of these key criteria, and without all four, the method is not acceptable.”

3M’s criteria for any decontamination process includes the following:

- Be effective against the target organism, such as the virus that causes COVID-19;
- Not damage the respirator’s filtration;
- Not affect the respirator’s fit; and
- Be safe for the person wearing the respirator (e.g. no off-gassing of chemicals into the breathing zone).

FALSE SENSE OF SAFETY

A range of systems are popping up, including the use of UV light, vaporized hydrogen peroxide, and heat.

None of these are proven to be effective in terms of decontamination or preserving the future effectiveness of the respirator in real world conditions.

All of them can create a false sense of safety that opens the door to additional problems.

PROBLEMS “CLEANING” CREATES

Spreading contamination. If the process does not actually eliminate all pathogens from the respirator, then staff are wearing equipment that can transmit pathogens to themselves and to patients.

Respirator not functioning as designed. Staff will be exposed to hazards if the “cleaning” process, or the way respirators are handled, compromises the filtering ability or the fit of the equipment. This may also create a false sense of security, leading staff to be exposed to more hazards than they otherwise would be.

Chain of custody and other potential contamination. All of these processes involve respirators being taken to another location, placed in some kind of disinfecting unit or room, then returned to the patient care areas. These are largely makeshift, ad-hoc operations, with potential for cross-contamination between the “cleaning” and when the equipment is returned to frontline healthcare workers.

WHEN TO DISCARD RESPIRATORS

According to the CDC guidelines, when respirators have been compromised in certain ways, they have to be discarded and no decontamination or reuse should be allowed:

- Discard N95 respirators following use during **aerosol generating procedures**.
- Discard N95 respirators **contaminated with patients’ bodily fluids** such as blood, respiratory or nasal secretions.
- Discard N95 respirators following close contact with **any patient co-infected with an infectious disease requiring contact precautions**.

CONFRONTING “CLEANING” SCHEMES

- **Reiterate NYSNA’s position:** The hospital must follow internationally recognized infection control standards, which include replacing disposable PPE between each patient care session. PPE must include a fit-tested N95 (or higher) level of respiratory protection, fluid-resistant or impermeable gown or coverall, gloves and a face shield. Best practices also include hair and shoe covering.
- Use **collective action to continue to pressure management** for sufficient PPE. We do not accept respirator reuse or N95 respirator “decontamination”! Members across the state are filing OSHA complaints and organizing speak outs to put pressure on hospital management to improve PPE access. You can too!
- **Provide management with the manufacturer’s instructions/prohibition of reuse.** For 3M products, the manufacturer says: “This product, when used under reasonable conditions and in accordance with the directions for use, should not present a health hazard. However, use or processing of the product in a manner not in accordance with the product’s directions for use may affect the performance of the product and may present potential health and safety hazard.” (3M Safety Data Sheet for N95 Model 1860, bit.ly/3MSDS).
- For any care session that involves, or may involve, **aerosolizing procedures, notify management** that you have a right to a minimum of a new, not previously used, N95 and that this is what the CDC requires, even under crisis capacity guidelines (see CDC guidelines: bit.ly/CDCreuse)
- **Request powered air purifying respirator (PAPR) equipment** for higher risk procedures. Many facilities have this equipment on hand. Others should obtain it.

- **Request documentation from management attesting to the complete decontamination** of the equipment and proof that the equipment will perform and provide protection as designed.
- **Document all cases where staff experience problems** with the equipment and/or have symptoms that might be related to poor decontamination or off-gassing of processing (cleaning) agents.
- **Reject respirators that no longer fit properly, are damaged, or visibly soiled.** Request one that will fit and perform as designed. “If the integrity of any part of the Filtering Facepiece Respirator (FFR) is compromised, or if a successful user seal check cannot be performed, discard the FFR and try another FFR.” CDC Guidelines, bit.ly/CDCdecontamination
- **Request all documentation** related to the processing of the respirators, including chain of custody documents, run and cycle times for the process. These can be shared with NYSNA Health & Safety staff for their review.
- **Reject any equipment that has been processed more than five times**, per CDC guidelines (bit.ly/CDCdecontamination).

CDC ALTERNATIVE SUGGESTIONS

The CDC suggests the following as one alternative to multi-day respirator use or decontamination (bit.ly/CDCdecontamination):

“One strategy to mitigate the contact transfer of pathogens from the Filtering Facepiece Respirator (FFR) to the wearer during reuse is to issue five respirators to each healthcare worker who may care for patients with suspected or confirmed COVID-19. The healthcare worker will wear one respirator each day and store it in a breathable paper bag at the end of each shift. The order of FFR use should be repeated with a minimum of five days between each FFR use.”