



September 25, 2009

## **Respiratory Protection for Exposures to the H1N1 Influenza A Virus: Frequently Asked Question (FAQ) for Canadians in Workplace Settings.**

3M has received inquiries regarding the selection of appropriate respirators, and other Personal Protective Equipment, for use against potential occupational exposures to the H1N1 virus. The following are responses to many of the most commonly asked questions. It is important to note this FAQ is not a substitute for legal advice or guidance from government agencies or the requirements of the applicable authority in your region. Consult these government agencies such as the Public Health Agency of Canada (PHAC), the Centers For Disease Control and Prevention (CDC) the World Health Organization (WHO) or the requirements of the authority in your region. Please frequently consult their websites for the most current information and/or infection control procedures regarding H1N1.

PHAC: <http://www.phac-aspc.gc.ca/index-eng.php>

CDC: <http://www.cdc.gov/swineflu/>

WHO: <http://www.who.int/en/>

### **Table of Contents :**

- [What can a worker do to protect him/herself from H1N1 while at work?](#)
- [What types of respirators are available to workers?](#)
- [What is a type N95 respirator?](#)
- [What do N, R, and P stand for?](#)
- [In the event of a global or localize pandemic, which respirators are commonly used?](#)
- [Can respirators protect you from biological agents such as bacteria or viruses?](#)
- [What does the PHAC recommend for respiratory protection against the virus that causes H1N1 Health Care Workers?](#)
- [What does the CDC recommend for respiratory protection against the virus that causes H1N1 Health Care Workers?](#)
- [What respiratory protection has been recommended for workers, other than health care workers, for protection against influenza?](#)

- Can medical facemasks be used to help reduce exposures to biological agents?
- What is the difference between a government-certified respirator and a surgical mask?
- Are there any medical restrictions for wearing a respirator?
- What are the limitations of using respirators for potential exposures to H1N1?
- Are multiple sizes of respirators needed?
- How important is fit?
- Why is fit-testing important?
- What if I have a beard or stubble and want to wear a respirator?
- How do I put on the respirator and check for proper fit?
- How is a user seal check/fit check performed on a disposable respirator?
- Can disposable respirators be shared between people?
- What is BFE, and what does it measure?
- Are government-certified respirators tested for BFE?
- Can a valved respirator be used for protection from the virus that causes H1N1?
- Should a patient with influenza wear a respirator?
- Is fluid resistance important?
- What precautions should visitors take when visiting facilities with H1N1 cases?
- Can I clean or wash a disposable respirator?
- If I use a disposable respirator in areas (i.e. healthcare settings) with suspected or confirmed H1N1 patients, should I discard the respirator after use?
- Can a disposable respirator be reused if worn in an area where there have been no suspected or confirmed patients with H1N1?
- How should respirators be disposed of after use?
- What is the risk of inhaling biological particles that have been collected by the respirator filter?
- Can particles, such as bacteria or viruses, be reaerosolized from the respirator filter?
- Are there any recommendations regarding eyewear?
- Can a European or Australian/New Zealand or other approved respirator be used for H1N1?
- Do any of the 3M disposable, elastomeric or powered air purifying respirators contain natural rubber latex?
- Do any of 3M's disposable respirators contain fiberglass material?
- What is the shelf life of disposable respirators?
- How frequently do the filters for reusable (elastomeric) respirators need to be changed?
- How do you clean, sterilize and disinfect a reusable (elastomeric) respirator, and/or a Powered and Supplied Air respirator?

## **What can a worker do to protect him/herself from H1N1 while at work?**

The Public Health Agency<sup>1</sup> advises Canadian to:

- Wash hands thoroughly with soap and warm water, or use hand sanitizer
- Cough and sneeze in your arm or sleeve
- Keep doing what you normally do, but stay home if sick
- Talk to a health professional if you experience severe flu-like symptoms.

Consult your employer to determine if any personnel protective equipment (PPE) has been recommended by them. If a NIOSH approved respirator is part of your employer's Pandemic or H1N1 Influenza response follow the directions for use as outlined by the manufacture, your employer's direction and review additional information below.

## **What types of NIOSH Approved respirators are available to workers?**

There are different styles of NIOSH Approved respirators that are either air purifying respirators (filters contaminants from the air) or atmosphere-supplying respirators (that provide fresh air from an uncontaminated source). The main types of air-purifying respirators are described below.

- Filtering facepiece respirators. These are half facepiece respirators. They are commonly referred to as maintenance free or disposable type respirator
- Reusable (Elastomeric) half or full facepiece respirators. These are designed to be cleaned and reused. They have a reusable facepiece with attachment for filters and/or cartridges.
- Powered Air Purifying Respirators commonly known as PAPRs. There are many different options and styles of PAPRs available.

Atmosphere-Supplying Respirator systems may be used in some situations but may not be a practical solution for protection against H1N1 Influenza.

Each option has differing features and benefits. These differences are highlighted in the recent 3M literature piece "[3M Respiratory Options](#)".



0908-06838E H1N1  
Respirator Options-AI

## **What is a "N95" respirator?**

N95 is one of nine classifications for National Institute for Occupational Safety and Health (NIOSH) certified particulate respirators.

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<sup>1</sup> The Public Health Agency of Canada. [H1N1 Flu Virus, Frequently Asked Questions](#). Updated August 25, 2009

**What do N, R, and P stand for?**

For the following National Institute for Occupational Safety and Health (NIOSH) filter designations N stands for Not Resistant to oil; R stands for Resistant to oil; and P stands for oil Proof.

**In the event of a global or localized pandemic, which respirators are commonly used?**

Typically the Filtering Facepiece Respirators (also referred to as disposable respirators and includes 3M product codes such as 8210, 1860, 1860s, 9210 and 1870) are commonly used during these times. 3M has increased production to manage this increased demand. If unable to obtain a filtering facepiece respirator other respirator options should be considered such as elastomeric and powered air purifying respirators.

**Can respirators protect you from biological agents such as bacteria or viruses?**

It is probable that H1N1 is spread from person to person in several ways. Therefore, a respirator is just one of several preventative measures that can be used to help reduce exposure to the virus that causes H1N1 influenza. Respirators are designed to reduce exposures of the wearer to airborne hazards. Biological agents, such as bacteria or viruses, are particles and can be filtered by particulate filters with the same efficiency as non-biological particles having the same physical characteristics (size, shape, etc.). However, unlike most industrial particles there are no exposure limits, such as Permissible Exposure Limit (PEL) or Threshold Limit Value (TLV), established for biological agents such as swine influenza virus. Therefore, respirators are not a guarantee that the user will not contract H1N1. Respirators may help reduce exposures to airborne biological contaminants, but they don't eliminate the risk of exposure, infection, illness, or death. For additional information regarding filtration of biological hazards, please refer to 3M Technical Data Bulletin #174 titled "Respiratory Protection Against Biohazards". The technical data bulletin can be accessed at the 3M websites provided below.

**What does the PHAC recommend for respiratory protection against the virus that causes H1N1 for Health Care Workers?**

The PHAC has issued guidance documents for Health Care workers in acute care facilities (July 28, 2009), long term care facilities (July 29, 2009) and Prehospital Care (July 28, 2009). These guidelines specify:

**An N95 respirator should be worn:**

- If conducting an aerosol-generating medical procedure (AGMP) on a suspect influenza-like illness (ILI) patient, all individuals in the room or area (pre-hospital care) should wear an N95 respirator. An AGMP includes any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples include: non-invasive positive pressure ventilation (BIPAP, CPAP); endotracheal intubation; respiratory/airway suctioning; high-frequency oscillatory ventilation; tracheostomy care; aerosolized or nebulized medication administration.

**What does the CDC recommend for respiratory protection against the virus that causes H1N1 for Health Care Workers?**

Please consult the Centers for Disease Control and Prevention's (CDC) recommendations published May 13, 2009, titled [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#). In the CDC Interim guidelines it states "Healthcare workers (including those in non-hospital settings) who are in close contact with individuals with nH1N1 influenza or influenza-like illnesses should use fit-tested N95 respirators or respirators that are demonstrably more effective as one measure in the continuum of safety and infection control efforts to reduce the risk of infection."

A copy of the CDC documents can be accessed at <http://www.cdc.gov/swineflu/>

In Canada, a respiratory program must be used in accordance with the authority having jurisdiction in your region and/or CSA Standard Z94.4 Selection, Use and Care of Respirators.

**What respiratory protection has been recommended for workers, other than health care workers, for protection against influenza?**

Particulate filters can help reduce inhalation exposures to certain airborne biological particles, such as influenza, but cannot eliminate the risk of contracting infection, illness or disease.

The Public Health Agency of Canada (PHAC) is the main Government of Canada agency for public health in Canada. Employers and employees are encouraged to monitor the information and advice on H1N1 Influenza that is being provided by PHAC on its main website ([phac-aspc.gc.ca](http://phac-aspc.gc.ca)) and its "Fight Flu" site ([fightflu.ca](http://fightflu.ca)).

Additional information related specifically to workplace health and safety matters can be obtained from the Canadian Centre for Occupational Health and Safety at <http://www.ccohs.ca/>

The PHAC has recommended the use of a "N95 or better" respirator for workers who may be exposed to an avian/animal source of avian influenza. Workers involved in the clean-up and/or culling of infected birds and others involved in the outbreak control efforts must strictly adhere to recommended PPE such as respirators, gloves, coveralls, etc.<sup>2</sup>

As "N95" refers to the NIOSH classification of a filter that can be utilized in a variety of respirators, this can be interpreted to mean that a filtering facepiece respirator with an N95 approval or a respirator with equivalent or higher protection factor may be utilized.

**Can medical facemasks be used to help reduce exposures to biological agents?**

Medical, surgical and patient care masks are not designed to protect the wearer from inhaling airborne hazards; therefore 3M recommends that they not be used for this purpose, or in place of an approved respirator.

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<sup>2</sup> The Public Health Agency of Canada. [Human Health Issues Related to Avian Influenza in Canada](#). October 25, 2006.

### **What is the difference between a government-certified respirator and a surgical mask?**

Respirators are designed to help reduce the wearer's exposure to airborne particles. The primary purpose of a surgical facemask is to help prevent biological particles from being expelled by the wearer from going into the environment. Surgical masks are also designed to be fluid resistant to splash and splatter of blood and other infectious materials. Surgical facemasks are not necessarily designed to seal tightly to the face and therefore the potential of air leakage around the edges exists. Even those masks that appear similar to respirators have not been designed to protect the wearer from airborne hazards or tested to the same level of filtration efficiency; therefore they should not be considered an equivalent substitute to government-approved respirators. Some approved respirators are designed to have the characteristics of both an approved respirator and a surgical mask. In the U.S., these products are both approved by the National Institute for Occupational Safety and Health (NIOSH) and cleared by the U.S. Food and Drug Administration (FDA) as surgical masks.

### **Are there any medical restrictions for wearing a respirator?**

Individuals with a compromised respiratory system, such as asthma or emphysema, or people with a history of heart disease should consult a physician before wearing a respirator. When personal protective equipment, including respirators, is used in a professional environment, its use must comply with applicable workplace standards, regulations and policies. In the United States, workers must receive medical clearance to wear a respirator from a licensed health care professional prior to using the respirator.

In Canada, CSA Z94.4-02 Selection, Use and Care of Respirators requires a complete respiratory program including health surveillance of respirator users.

### **What are the limitations of using respirators for potential exposures to H1N1?**

Respirators are not a guarantee that the user will not contract swine flu. The following items need to be carefully read and understood.

- Respirators may help reduce exposure to airborne biological contaminants, but they don't eliminate the risk of exposure, infection, illness, or death.
- For greatest effectiveness respirators need to be worn before and during the entire exposure period.
- Respirators may help protect your lungs, however, some biological contaminants may be absorbed through the skin or eyes and other protective equipment may be required.
- Fit of the respirator to the face is very important. If it does not fit properly, airborne contaminants will penetrate (enter underneath) the facepiece seal.
- 3M respirators are not designed for children.
- Anything that comes between the respirator and face will make the respirator less effective by interfering with its fit. Men should shave every day that they may use the respirator. Hair, jewelry and clothing should not be between the face and the respirator.
- Training on proper use and limitations, including practice putting the respirator on and wearing it is required for workers before they use the respirator.

- Individuals with a compromised respiratory system, such as asthma or emphysema, should consult a physician before wearing a respirator. In Canada, CSA Z94.4-02 Selection, Use and Care of Respirators requires a complete respiratory program including health surveillance of respirator users

Each facility or individual should use the best available information to determine appropriate respiratory protection for exposures to the virus that causes swine flu.

### **Are multiple sizes of respirators needed?**

Multiple sizes of respirators are not mandatory. Multiple sizes or alternative facepiece designs can provide the individual with additional options for obtaining a good fit and seal. What is important is that the respirator fit the wearer.

### **How important is respirator fit?**

Fit is very important for tight fitting respirators such as disposable respirators and elastomeric facepiece respirators. If a respirator does not seal tightly to the face, airborne hazards can penetrate or enter underneath the facepiece seal and into the breathing zone. It is very important to always follow the donning instructions and do a user seal-check or fit-check before entering the contaminated environment. A good fit can only be obtained if the face is clean-shaven in the area where the respirator seals against the face. Beards, long mustaches, and stubble may cause leaks into the respirator. Many medical facemasks, not approved as respirators, do not seal tightly to the face allowing airborne hazards to enter the breathing zone. Even those medical facemasks that appear to seal tightly to the face have not been designed to protect the wearer from airborne hazards. Therefore, they should not be considered an equivalent substitute for government-approved respirators.

Some approved respirators are designed to have the characteristics of both an approved respirator and a surgical mask. In the U.S., these products are both approved by National Institute for Occupational Safety and Health (NIOSH) and cleared by the U.S. Food and Drug Administration (FDA) as a surgical mask. Workplace environments, such as health care facilities, must follow local government standards and regulations concerning respirator use such as training and fit testing.

### **Why is fit-testing important?**

In Canadian workplaces, follow the requirements of a respiratory program based on the requirements of the authority in your region and/or CSA Z94.4 standard including medical evaluation, training, and fit testing for employees required to use respirators in the workplace. Employees, including health care workers, which are required to wear respirators must do a fit test before wearing the respirator for the first time. This fit test must be performed before a new make or model of respirator is worn by the employee. A user seal check cannot be used as a substitute for the fit test. 3M recommends that fit testing and training always be conducted.

### **What if I have a beard or stubble and want to wear a respirator?**

A tight sealing respirator, one where the sealing surface contacts the face, will not provide an adequate seal when placed over any amount of facial hair. A bearded

worker will typically require a powered air-purifying respirator (PAPR) with a hood or helmet.

### **How do I put on the respirator and check for proper fit?**

The *User Instructions* for a 3M respirator contain the proper procedures for putting on the respirator and checking for fit and seal. It is very important to read and follow the donning instructions very carefully and to conduct a fit check or user seal check every time the respirator is put on. The user instructions are provided with the original packaging of the respirator.

Donning Instructions for 3M Filtering Facepiece Respirators for Workers can be found at the following 3M Canada Occupational Health & Environmental Services Websites:

[www.3M.ca/safety](http://www.3M.ca/safety)

[http://solutions.3m.com/wps/portal/3M/en\\_CA/Health/Safety/Products/Catalog?PC\\_7\\_RJH9U5230GE3E02LES9MG812H2\\_nid=8G2B3GV59PbeF3RH7CD92Nql](http://solutions.3m.com/wps/portal/3M/en_CA/Health/Safety/Products/Catalog?PC_7_RJH9U5230GE3E02LES9MG812H2_nid=8G2B3GV59PbeF3RH7CD92Nql)

### **How is a user seal check/fit check performed on a disposable respirator?**

The *User Instructions* for a 3M respirator contain the proper procedures for putting on the respirator and checking for fit and seal. It is very important to read and follow the donning instructions very carefully and to conduct a fit check or user seal check every time the respirator is put on. The user instructions are provided with the original packaging of the respirator. Additionally, the website links listed in the previous question contain the proper procedures for putting on the respirator and checking for fit and seal for 3M filtering facepiece respirators.

User seal checks (fit checks) are to be performed in non-contaminated or clean areas only. If, during the *user seal check* (fit check), you notice air leakage around the edges of the respirator you should readjust the respirator. If you still notice air leakage, you should remove the respirator (in a clean area only). Review the instructions, if necessary, to make sure that you are putting it on correctly. Inspect the respirator to make sure that there is no damage to the respirator. You must be clean-shaven. Be sure that there is no hair, clothing or jewelry between your skin and the edge of the respirator. Put the respirator on again, according to the manufacturer's directions. Do a *user seal check* (fit check). If you still cannot achieve a proper seal, do not enter the contaminated area. You may need to obtain a different size, make or model respirator. In the U.S. and certain other countries, workers need to pass a fit test before wearing a respirator for the first time. If you do not pass a fit test on the first try, you should remove the respirator. Reread the instructions and put it on again. Conduct a *user seal check* (fit check). If you do not feel any air leakage around the respirator edges, then you should try the fit test again. If you fail the fit test on the second try, do not enter the contaminated area. You should obtain a different size, make or model of respirator. Follow local regulations regarding fit testing.

### **Can disposable respirators be shared between people?**

Disposable respirators should never be shared.

**What is BFE, and what does it measure?**

BFE stands for Bacterial Filtration Efficiency. This test evaluates how well a respirator or surgical mask can prevent biological particles from being expelled by the wearer into the environment. Bioaerosol particles generated during the BFE test are “large,” on the order of 1 to 5 microns in size. For comparison, particles used for respirator filter efficiency tests are much smaller, approximately 0.3 microns in size. The BFE test is a relative indicator of the performance of a medical, surgical or patient care mask but the results cannot be compared to respirator certification filtration efficiency.

**Are government-certified respirators tested for BFE?**

They are not necessarily tested for Bacterial Filtration Efficiency (BFE). The BFE result has little meaning for government-certified respirators. More stringent filter efficiency tests are used for certification testing of respirators. The manufacturers of combination approved respirator/surgical masks will publish BFE results. BFE results are not necessarily useful for applications outside of the health care industry.

**Can a valved respirator be used for protection from the virus that causes H1N1?**

A valved respirator is designed to allow for easy exhalation through a one-way exhalation valve. If a person is wearing a respirator to help reduce his or her exposure to airborne viruses, a respirator with an exhalation valve would be acceptable. It would not be acceptable for someone to wear a valved respirator if they have a suspected/probable/confirmed case of H1N1 as they would be exhaling into the environment.

Where healthcare workers are required to wear a respirator the use of a valved respirator must be in accordance with national and employer guidelines. For example, in some regions of the world such as Canada and the US, it is not acceptable for a healthcare worker to wear a valved respirator in a situation requiring a sterile environment, such as the operating room.

Respirators should not be worn by a person whose respiratory system has been compromised or who may have trouble breathing through a respirator, unless otherwise advised by your personal physician.

**Should a patient with influenza wear a respirator?**

The PHAC “Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Acute Care Facilities” updated on July 28, 2009 states to provide masks (surgical or high quality procedural mask) to patients with respiratory symptoms in the emergency department or other acute assessment clinic areas and patients with suspected influenza-like illness (ILI).

The CDC’s “Interim Guidance on Infection Control and Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A Virus Infection” updated on May 13, 2009 states that an “ill person should wear a surgical mask when outside of the patient room.” Additionally the CDC recommends frequent hand washing, following good respiratory hygiene practices, not sharing cups and utensil and applying routine cleaning and disinfection practices used during influenza season.

The CDC is not recommending the use of respirators by influenza patients at this time. 3M recommends that patients, and any individual, whose respiratory system has been compromised or who may have trouble breathing through a respirator, consult with their personal physician before donning a respirator.

**Is fluid resistance important?**

The health care facility must determine the need to provide fluid resistant respirators to their health care workers and for which tasks fluid resistant respirators are necessary. Fluid resistance is the ability of a respirator's or mask's material construction to minimize a high pressure stream of fluid from traveling through the material and potentially coming in contact with the user of the facemask. If the mask or respirator comes in contact with blood or body fluids of a suspected or confirmed influenza patient, it is recommended the respirator be changed as soon as possible. Respirators should only be removed when the wearer is in an area that is considered free of airborne hazards, including confirmed or suspected influenza patients.

In most work settings, other than health care, respirator fluid resistance is not necessary.

**What precautions should visitors take when visiting a health care facility with H1N1 cases?**

Prior to entering a health care setting, visitors should consult with the facility's Infection Control Practitioner regarding visitor policies.

**Can I clean or wash a disposable respirator?**

No. No attempt should be made to clean or wash a disposable respirator.

**If I use a disposable respirator in areas (i.e. healthcare settings) with suspected or confirmed H1N1 patients, should I discard the respirator after use?**

The recommendations of the local health authority and the facilities infection control practitioner should be followed.

**Can a disposable respirator be reused if worn in an area where there have been no suspected or confirmed patients with H1N1?**

The recommendations of the local health authority and the facilities infection control practitioner should be followed. Respirators may be used according to local guidelines, until they become damaged, or contaminated with blood or body fluids. Otherwise a respirator should be stored in a clean environment to protect it from damage, contamination, dust, sunlight, extreme temperatures, and damaging chemicals. Respirators must also be properly stored to prevent their deformation. Wearers should remove their respirator only when they are in an area that is considered free of airborne hazards, including confirmed or suspected H1N1 influenza patients.

**How should respirators be disposed of after use?**

The recommendations of the employer, the local health authority or in health care settings the facilities infection control practitioner should be followed.

**What is the risk of inhaling biological particles that have been collected by the respirator filter?**

The risk of inhaling particles that have been collected by the filter is very low, particularly in very clean areas (such as a patient care setting or a home). When particles are collected on a filter they are strongly held to the filter. Breathing through a filter has not been shown to dislodge the particles collected in that filter. However, it is important to understand that proper use of respirators only reduces your exposure to particles and does not prevent the risk of some exposure.

**Can particles, such as bacteria or viruses, be reaerosolized from the respirator filter?**

When particles are collected on a filter they are strongly held to the filter. Proper and normal use of a respirator has not been shown to reaerosolize the particles collected in that filter. Just because particles may not reaerosolize, does not mean that a respirator can be reused. The recommendations of the local health authority and the facilities infection control practitioner regarding reuse should be followed.

**Are there any recommendations regarding eyewear?**

The PHAC recommends the use of eye or face protection for health care workers whenever a mask or N95 respirator is required. Please refer to the PHAC website for current infection control guidelines for health care workers and pre-hospital workers.

CDC's Interim Guidance for infection control in a health care setting recommends the use of goggles or faceshields for eye protection.

**Can a European or Australian/New Zealand or other approved respirator be used for H1N1 in Canada?**

At the present time, the Public Health Agency of Canada, and the Centers for Disease Control and Prevention's (CDC) guidance states that a National Institute for Occupational Safety and Health (NIOSH)-certified N95 particulate respirator, or one with an equivalent or higher level of protection, should be used in health care settings and community settings in specific situations.

The Public Health Agency of Canada, World Health Organization, the CDC and your local health authority should be referenced for the most current information and guidelines.

If the above listed certified respirators are not available then the facility's management must make an informed decision as to whether or not to use a respirator that is equivalent to those respirators specified in the CDC or any local guidance. Certain respirators, such as those approved as a European or Australian/New Zealand "P1" respirator, are not considered equivalent to those specified in the PHAC or CDC guidance. Therefore, 3M does not recommend "P1" respirator use in health care or other settings to reduce exposures to the virus that causes H1N1 influenza. Respirator efficiency, fit of the respirator, and wear time all play a role in effectively reducing exposures but they cannot eliminate the risk of contracting infection, illness, or disease. It is anticipated that fitted and properly worn certified respirators will reduce the inhalation exposure to the virus that causes swine flu.

It is important to remember any government-approved respirators will help to reduce your exposure but will not eliminate exposure or the risk of contracting disease, illness or infection.

**Do any of the 3M disposable, elastomeric or powered air purifying respirators contain natural rubber latex?**

None of 3M's National Institute for Occupational Safety and Health (NIOSH) approved N95, N100, R95, P95, or P100 disposable respirators contain components made from natural rubber latex. This is stated on each original packaging of these respirators. Many 3M respirators sold outside the U.S. do not contain components made from latex. However, there are some that contain natural rubber latex components and these respirators carry a statement on the primary packaging similar to the following: "This product contains components which contain natural rubber latex which may cause allergic reaction." If you require information on which 3M products contain natural rubber latex components, please contact your local 3M office.

None of the 3M NIOSH approved Powered Air Purifying Respirator systems contain components made from natural rubber latex with the exception of the Butyl Rubber hood (522-02-23 Breathe Easy 10).

None of the 3M NIOSH approved elastomeric half and full facepiece respirators contain components made from natural rubber latex with the exception of the 7800S full facepiece in small, medium and large.

**Do any of 3M's disposable respirators contain fiberglass material?**

No. All 3M disposable respirators have filter media made from polypropylene and coverings typically made from a combination of polypropylene and polyester.

**What is the shelf life of 3M disposable respirators?**

In Canada and the U.S. there are currently no regulatory requirement for the manufacturers of respiratory protection devices to include storage or shelf life information. In the Respiratory Protection standard, Z94.4-02 Selection, Use and Care of Respirators, CSA does require that "respirators shall be stored in a manner that will protect them against dust, ozone, sunlight, heat, extreme cold, excessive moisture, vermin, damaging chemicals, oils, greases or any other potential hazard that may have a detrimental effect on the respirator." CSA also requires that respirators are "stored in a manner that will prevent deformation of rubber or other elastomeric parts". Additionally, 3M recommends that respirators be stored in accordance with our user instructions and that the wearer inspect the product prior to use. If a user finds a respirator that has damage they should discard it and obtain another respirator of the same model.

Although there is currently no shelf life stated on most 3M NIOSH approved filtering facepiece respirators, respirator shelf life will benefit from controlled storage conditions. 3M recommends filtering facepiece respirators be stored in their original packaging within climatic conditions ranging from -20°C (-4°F) to +30°C (+86°F) and not exceeding 80% relative humidity (RH). Always inspect product and conduct a

user seal check before use as specified in *User Instructions*. Examine all the respirator parts for signs of damage including the headbands, nose foam and staples. If a user finds a respirator that has damage to a component they should discard it and obtain another respirator of the same model. If you cannot achieve a proper seal, do not use the respirator.

Shelf life ("use by" dates) and/or storage conditions are commonly required by non-North American countries respirator certification standards. Typically, use by dates for filtering facepiece respirators are in the three to five year range for these products provided they are stored in the conditions specified on the packaging.

**How frequently do the particulate filters for reusable (elastomeric) respirators need to be changed?**

Particulate filters require changing when they become damaged, soiled, breathing becomes difficult, contaminated with blood or body fluids, or as required by your employer's change-out procedure. In a health care setting follow the requirements of your infection control practices.

**How do you clean, sanitize and/or disinfect a reusable (elastomeric) respirator, or Powered Air Purifying Respirator (PAPR)?**

Consult the PHAC website for infection control guidelines for cleaning and disinfection of equipment and environmental cleaning. These guidelines can be accessed at <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/hp-index-eng.php>

Also, consult the authority having jurisdiction in your region for specific guidelines on cleaning, sanitizing or disinfecting equipment.

Please be aware that specific guidelines may suggest cleaners that have not been evaluated with regard to compatibility with the respirator system.

3M also has a publication entitled "[Guidelines for Cleaning, Sanitizing and Disinfecting Reusable Respirators and Powered Air Purifying Respirators](#)".

**For more information, visit [www.3M.ca/safety](http://www.3M.ca/safety)**

For specific information on respiratory protection for H1N1 Influenza area visit the 3M website at:

English: <http://www.3m.ca/swineflu>

French: <http://www.3m.ca/grippeporcine>