



Use of the N95 per CDC Guidelines

Respirator Reuse Recommendations

There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases. Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.[\(18, 19\)](#) However, manufacturers of N95 respirators may have specific guidance regarding reuse of their product. The recommendations below are designed to provide practical advice so that N95 respirators are discarded before they become a significant risk for contact transmission or their functionality is reduced.

If reuse of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check.[\(16\)](#) Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission:

- **Discard N95 respirators following use during aerosol generating procedures.**
- **Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.**
- **Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.**
- **Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.**
- **Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.**
- **Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).**
- **Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.**



- **Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.**

To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data([19](#), [20](#)) suggests limiting the number of reuses to **no more than five uses per device** to ensure an adequate safety margin. Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?, Is the nosepiece or other fit enhancements broken?, etc.). Healthcare facilities should provide staff clearly written procedures to:

- **Follow the manufacturer's user instructions, including conducting a user seal check.**
- **Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.**
- **Discard any respirator that is obviously damaged or becomes hard to breathe through.**
- **Pack or store respirators between uses so that they do not become damaged or deformed.**

Secondary exposures can occur from respirator reuse if respirators are shared among users and at least one of the users is infectious (symptomatic or asymptomatic). **Thus, N95 respirators must only be used by a single wearer.** To prevent inadvertent sharing of respirators, healthcare facilities should develop clearly written procedures to inform users to:

- **Label containers used for storing respirators or label the respirator itself (e.g., on the straps([11](#))) between uses with the user's name to reduce accidental usage of another person's respirator.**

Risks of Extended Use and Reuse of Respirators

Although extended use and reuse of respirators have the potential benefit of conserving limited supplies of disposable N95 respirators, concerns about these practices have been raised. Some devices have not been FDA-cleared for reuse([21](#)). Some manufacturers' product user



instructions recommend discard after each use (i.e., “for single use only”), while others allow reuse if permitted by infection control policy of the facility.(19) The most significant risk is of contact transmission from touching the surface of the contaminated respirator. One study found that nurses averaged 25 touches per shift to their face, eyes, or N95 respirator during extended use.(15)Contact transmission occurs through direct contact with others as well as through indirect contact by touching and contaminating surfaces that are then touched by other people.

Respiratory pathogens on the respirator surface can potentially be transferred by touch to the wearer’s hands and thus risk causing infection through subsequent touching of the mucous membranes of the face (i.e., self-inoculation). While studies have shown that some respiratory pathogens (22-24) remain infectious on respirator surfaces for extended periods of time, in microbial transfer (25-27) and reaerosolization studies (28-32) more than ~99.8% have remained trapped on the respirator after handling or following simulated cough or sneeze.

Respirators might also become contaminated with other pathogens acquired from patients who are co-infected with common healthcare pathogens that have prolonged environmental survival (e.g., methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, *Clostridium difficile*, norovirus, etc.). These organisms could then contaminate the hands of the wearer, and in turn be transmitted via self-inoculation or to others via direct or indirect contact transmission.

The risks of contact transmission when implementing extended use and reuse can be affected by the types of medical procedures being performed and the use of effective engineering and administrative controls, which affect how much a respirator becomes contaminated by droplet sprays or deposition of aerosolized particles. For example, aerosol generating medical procedures such as bronchoscopies, sputum induction, or endotracheal intubation, are likely to cause higher levels of respirator surface contamination, while source control of patients (e.g. **asking patients to wear facemasks), use of a face shield over the disposable N95 respirator**, or use of engineering controls such as local exhaust ventilation are likely to reduce the levels of respirator surface contamination.(18)

While contact transmission caused by touching a contaminated respirator has been identified as the primary hazard of extended use and reuse of respirators, other concerns have been assessed, such as a reduction in the respirator’s ability to protect the wearer caused by rough handling or excessive reuse.(19, 20) Extended use can cause additional discomfort to wearers from wearing the respirator longer than usual.(14,

Outpatient Providers:

Some outpatient providers are concerned about not having adequate personal protective equipment (PPE) to evaluate and care for patients with possible COVID-19. You might see



providers in full PPE at testing sites and wonder if you need to be similarly prepared. The following recommendations from CDC are more consistent with outpatient settings²:

- SARS-CoV-2 spreads by droplets and direct contact; airborne transmission from person-to-person over long distances is unlikely.
- N95 respirators and negative pressure rooms are not always necessary; they are recommended for aerosol-generating procedures when available.
- For lower-risk procedures, patient evaluation, and routine care: use regular surgical facemasks, appropriate eye protection (face shields; glasses are inadequate), gowns, and gloves.
- When triaging patients, have patients with respiratory symptoms put on masks, and isolate patients with possible COVID-19 in examination rooms with the door closed.