Best practice is to use new N95s. Decontamination does not solve the PPE shortage crisis, and is an emergency practice to be considered during the COVID-19 pandemic. Efficacy and safety of N95 decontamination has not been fully characterized.

# COVID N95 DECON



## DONNING & DOFFING

This is an example process. Specifics will vary between hospitals. Relevant hospital personnel should be consulted before any process implementation. This process can be used with an **in-hospital**, return to index user decontamination method. It may not be compatible with external decontamination services.

### DONNING

Each don/doff can reduce N95 fit. In one study the fit factor was observed to drop with each don/doff, and after five dons was consistently below the OSHA standard of 100.<sup>1</sup>

- If using a **new** N95, label with a soft-tipped permanent marker:
  - First initial and last name
  - Transfer Station location code\*
- If using a decontaminated N95:
  - Retrieve N95 from your spot in the CLEANED section
  - Inspect for damage or elongated straps and dispose of damaged N95 respirators
  - Add a tally mark on the N95 to indicate another decontamination cycle has been performed
- Don PPE according to institution guidelines
  - Perform a user seal check<sup>3,4</sup>
  - Perform hand hygiene before donning further PPE

## DOFFING

Improper doffing has been shown to expose the wearer to contamination risk. Proper doffing **must** accompany decontamination.

- Doff other PPE according to institution guidelines
- For N95 doffing:
  - At Transfer Station, obtain a breathable bag labeled with first initial, last name, and Transfer Station location code
  - Put on clean gloves
  - Remove N95 following CDC guidelines<sup>2,4</sup>
    - Only hold straps, do not touch front of N95 when doffing
    - Do not touch or allow potentially contaminated materials (such as N95 straps) to touch the inside of the N95<sup>6</sup>
  - Inspect N95; dispose of it if damaged, soiled, or unlabeled
  - Place N95 into breathable bag, then place bag into assigned spot in the DIRTY section
  - Perform hand hygiene before doffing any further PPE
  - \*Transfer Station setup is described in N95DECON document 'Example Return to Index User Setup and Logistics'

### **REFERENCES**

[1] Bergman et al., 2012; [2] CDC Doffing: https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\_coveralls/doffing\_16.html;
[3] OSHA Seal Check: https://www.youtube.com/watch?v=pGXiUyAoEd8; [4] NIOSH Doffing https://www.cdc.gov/niosh/docs/2010-133/default.html; [5] Brady et al., 2017; [6] UNMC Reuse Guide https://app1.unmc.edu/nursing/heroes/mpv.cfm?updateindex=132&src=yt
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### Labeled N95 FFRs



Different hospitals have chosen to label either the N95 facepiece or strap.<sup>6</sup> The effect of labeling on N95 integrity or decontamination is unknown.



#### CDC user seal check with clean gloves

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face. Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



CDC N95 doffing with clean gloves 4

DO NOT TOUCH the front of a used respirator! It may be contaminated.

Remove by pulling the bottom strap over back of head, followed by top strap, without touching the respirator.

