Notes on N-95 Disposable Respirators for Ebola Response

As of November 11, 2014, N-95 disposable respirators are **not** required for ambulatory care evaluation of patients with possible Ebola Virus Disease.

As of the same date, N-95 respirators or PAPRs are required for hospital care of Ebola patients.

The N-95 filtering face piece respirator is a **respirator** under OSHA/PESH standards. Use must be compliant with the Respiratory Protection Standard, 29 CFR 1910.134.

**References:**

OSHA 1910.134 Respiratory Protection Standard

Appendix D to 1910.134 – Information for Employees Using Respirator When Not Required Under the Standard

OSHA 3384: Small Entity Compliance Guide for the Respiratory Protection Standard

**Ebola and N-95s**

At of 11/11/14, surgical masks (**not** N-95 respirators or PAPRs) are generally required for ambulatory care settings per CDC recommendations:

As of this date, N-95 disposable filtering facepiece respirators or Powered Air Purifying Respirators (PAPR) are required for hospital personnel caring for or treating Ebola patients. See CDC recommendations: http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html
The OSHA regulations anticipate two different workplace scenarios for the use of respirators: voluntary use and use required by employer.

**Voluntary Use** (reduced regulatory requirements)

If the employer determines that there is no hazard which would require use of a respirator and that the respirator itself will not present a hazard, the employer can permit employees to voluntarily use respirators in the workplace.

The respirators can be employer-provided or the employer may permit employees to use their own.

There is no need for a written program for voluntary use of an N-95 filtering face piece respirator. Employer must provide Appendix D to the employees. (There are additional requirements for the voluntary use of other types of respirators.)

**Mandatory Use** (full regulatory requirements)

If the employer determines that employees must wear respirators, they must maintain a full respiratory protection compliance program per OSHA 1910.134.

The employer must provide respirators and incur all costs associated with the program.

The program must include a written site specific plan, designation of a qualified and knowledgeable program administrator, and worksite specific procedures on selection of respirators, medical evaluations, fit testing, training, and the use and care of respirators.

FIT TESTS are required to assure that the respirator correctly fits the employee's face.

Employees must have a medical clearance before they can be fit tested. This may include a physical exam from a licensed healthcare provider, possibly including pulmonary function testing.

Training must include the written program, respiratory hazards, and the correct use and maintenance of respirators.
Both the filtering face piece N-95 and surgical N-95 respirators are *respirators* and will have NIOSH approval numbers on the respirator.

Respirators come in various sizes and must be individually selected to fit the wearer’s face and to provide a tight seal. A proper seal between the user’s face and the respirator forces the inhaled air through the respirator’s filter material and not through gaps between the face and the respirator.

Both the filtering facepiece (N-95) respirators and the surgical (N-95) respirators must be [fit tested](#) to ensure that a proper seal exists between the employee’s face and the respirator.

Both of the respirators provide protection from exposures to airborne influenza flu viruses.

Whenever respirators are required by employers (e.g., N-95 and Surgical N-95 respirators), they must be NIOSH-certified and selected and used in compliance with OSHA’s Respiratory Protection standard.

Surgical masks and surgical (N-95) respirators are used as a physical barrier to protect the user from hazards, such as large droplets of: splashes or sprays of human and animal blood; any unfixed tissue, organs, tissue and organ cultures (including those from experimental animals); other secretions that are visibly contaminated with blood; and, all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

**Surgical Mask**  
*not a respirator*

Surgical masks, by themselves, are not designed to seal tightly against the user’s face and are not subject to fit testing.

Surgical masks are not designed or certified to prevent the inhalation of small airborne particles that are not visible to the naked eye but may still be capable of causing infection.