



Fact Sheet – Change to Routine Use of N95 Masks and Eye Protection

CALVARY RETIREMENT COMMUNITIES

N95 Masks and Eye Protection

1. Do's and Don'ts for Wearing N95 Masks

Do's:

- Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- Follow manufacturer's instructions for donning and doffing a N95 mask. The instructions are usually printed on the box, box insert or on the mask wrapper.
- Ensure proper fit, making sure the nose and mouth are completely covered. The N95 mask must have a complete seal all around your nose and mouth. Mold the respirator over the bridge of your nose when putting it on.
- Always Fit Check your mask. Refer to '[How to Fit Check your N95 mask](#)' below.
- If you have been Fit Tested, ensure you use the brand and size mask you've been told you achieved a pass fit test result.
- Where Fit Testing has not yet been carried out, a N95 respirator is still recommended for use. A Fit Checked N95 respirator is still preferred over a surgical mask.
- Immediately perform hand hygiene if the mask is accidentally touched.
- Remember that a mask (like any other PPE) is contaminated after use and it is therefore important to properly remove the mask by touching only the ear loops or ties. Tilt the head forward and remove the mask by pulling straps over your head, without touching the front of the mask.
- Discard the mask by touching the straps only.
- Perform hand hygiene before and after removing a mask.
- Please replace your mask with a fresh/clean reusable mask:
 - If it becomes soiled, damaged or moist, or
 - After you leave the room of a patient in airborne precautions, or
 - After 4 hours have lapsed since you donned the mask. A N95 mask can be worn for up to 4 hours continuously. If it is pulled down or removed, it must be discarded immediately, and hand hygiene performed. Refer to '[Sessional use of PPE](#)' below.
- PLEASE look after our resources and prevent unnecessary wastage of masks.

Don'ts:

- Do not wear if wet, soiled or damaged.
- Do not reuse. Dispose of it after wearing it once.
- Do not use a N95 mask if air leaks around the edges of the mask. Refer to '[How to Fit Check your N95 mask](#)' below.
- Do not leave a mask hanging off one ear or hanging around neck.
- Do not touch the front of the mask, as it is contaminated after use.

2. How To Fit Check Your N95 Mask

Follow the manufacturer's instructions for proper wearing and fit checking of individual brands and types of N95 masks. The manufacturer's instructions are usually printed on the box, box insert or on the mask wrapper.

Don the respirator

- Prior to donning the mask, check that it is not damaged.

- Conform the mask to your face by pressing with your fingers across the bridge of the nose until it fits snugly.

Performing the Fit Check (commonly called the user-seal check)

Check the positive pressure seal by exhaling. If the seal is good the respirator should bulge slightly when you exhale. If air escapes between your face and the respirator, you DO NOT have a good seal. Readjust the respirator and repeat the fit check process.

Check the negative pressure seal of the respirator by inhaling. The respirator should collapse slightly when you inhale. If the respirator is not drawn in towards the face or air leaks, you DO NOT have a good facial seal. Readjust the respirator and repeat the fit check process.

- If you are unable to achieve a good facial seal do not proceed with your clinical activity.
- Possible reasons for not achieving a good facial seal include:
 - the respirator has not been put on properly (e.g. headbands are incorrectly positioned, hair or earrings are caught in the seal)
 - glasses or face-shield are interfering with the seal
 - the respirator is the incorrect size or type for your face
 - facial hair present on face (healthcare workers who have facial hair, including a 1–2 day beard growth, must be aware that an adequate seal cannot be guaranteed between the respirator and the wearer's face).
- Speak to your supervisor if you cannot achieve a good facial seal. An alternative style or size of N95 mask may need to be sourced.

3. Do's and Don'ts For Using Protective Eyewear

- Protective eyewear ONLY includes safety glasses, mask visor, goggles or a face shield.
- Personal or prescription glasses are not a substitute for eye protection unless they are specified as safety glasses.
- Visors are transparent personal protective devices intended to shield the face and eyes of a Healthcare Worker (HCW) and are suitable for use with prescription glasses and masks.
- Staff working entirely behind Perspex screens are not required to wear protective eyewear but are required to wear masks as described above.

Do's:

- Protective eyewear is contaminated after use and must be removed without touching the front of the eyewear.
- Perform hand hygiene before and after removing eyewear or if you accidentally touched your eyewear.
- Check the protective eyewear packaging to verify if the product is intended for single use or it is reusable.
- Single use eye protection can be worn for an extended period unless moist, wet or contaminated, and disposed of at the end of the session/shift. Refer to '[Sessional use of PPE](#)' below.
- Clean and disinfect reusable eyewear using a disinfectant wipe and air dry before reuse.

Don'ts:

- Do not wear if wet, soiled or damaged.
- Do not touch the front of the protective eyewear, as it is contaminated after use.

4. Sessional Use of PPE

- Extended or sessional use of PPE is acceptable during pandemics or outbreaks where the regular delivery of PPE cannot be guaranteed.
- A single session refers to a period where a staff member is undertaking duties in a clinical care area. A session starts when the staff member don the PPE and the session ends when the staff member leaves the clinical area (e.g. end of shift or for a toilet or meal break).
- **N95 masks** and **eye protection** can be safely and comfortably worn for up to 4 hours continuously without removing the PPE unless damaged, soiled or contaminated.
- **Gowns** can be worn for a continuous session of work if the gown does not come into contact with the resident or their environment, and are not visibly contaminated. If the staff member has direct contact with the resident or their environment, the staff member must remove and replace the gown between resident care episodes.
- **Gloves** are single use as per Standard Precautions and must be removed after each resident contact, followed by hand hygiene before donning a clean pair of gloves

Reference List

CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 outbreaks in residential aged care facilities in Australia, V4 15/03/2021

https://www.health.gov.au/sites/default/files/documents/2021/03/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia_0.pdf

Australian Government Department of Health, Infection Control Expert Group (ICEG), Coronavirus guidelines for infection prevention and control in residential care facilities, 16 June 2021

<https://www.health.gov.au/sites/default/files/documents/2021/06/coronavirus-covid-19-guidelines-for-infection-prevention-and-control-in-residential-care-facilities.pdf>

Australian Government Department of Health, Australian Guidelines for the Prevention & Control of Infection in Healthcare, 2019

<https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>