

FREQUENTLY ASKED QUESTIONS

This information can be read in conjunction with Respiratory Protection/Infection Control Summary found at <http://www.hps.scot.nhs.uk/resp/rpicsi.aspx> and the documents featured here. **NB This guidance may change in light of new information of mode of transmission or the availability of resources.**

Respiratory protection masks are designed to prevent infectious droplets coming into contact with vulnerable sites by either preventing infectious droplets being inhaled, or landing directly on the vulnerable mucous membranes of the upper respiratory tract. The questions and answers below explain how the different masks offer different degrees of protection and which mask should be used in specific situations.

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What is a FFP3 respirator mask and when would I consider wearing one?

- FFP3 facemasks if worn correctly, protect the wearer from inhalation of infectious respiratory droplets through and around the facemask.
- FFP3 facemasks conform to the European Standard EN149 2001. (Box CE marked).

- You should wear a FFP3 mask when you will be exposed [within 3 feet] of a patient with suspected or confirmed pandemic influenza or SARS, or in the room of a patient with infectious TB.

Can Surgical Face Masks protect against respiratory infections?

Surgical facemasks, although not primarily designed to protect against respiratory infections, do offer some protection against droplets expelled from infectious individuals. They prevent infectious droplets landing directly on mucous membranes. They do not protect from small respiratory droplets being inhaled around the mask, as there is no seal between the surgical facemask and the face of the wearer.

When should I don a FFP3 mask to prevent cross-infection with pandemic influenza or other highly pathogenic respiratory virus?

Put on all personal protective equipment including the FFP3 mask before you enter an area where a patient is suspected or confirmed as being infectious.

N.B. Prior to the use of FFP3 masks it is recommended by the Health and Safety Executive that fit testing is carried out ([View HSE fit testing information](#) (pdf file))

Are there any special instructions for putting on a FFP3 mask?

- Manufacturers' guidance should be followed when donning a respiratory mask.
- **Respiratory masks must be well fitting to the face in order to provide the desired protection. A guide to fit checking is available ([view fit-check guide \(188 KB pdf file\)](#)) and should be performed each time before entering the patient area. (This fit-check guidance is for masks that are commonly used however other manufacturers may have specific fit checking recommendations).**
- N.B. Clean shaven skin may be more beneficial in ensuring appropriate fit and protection.
- **If you cannot achieve a proper fit you should not enter the patient area.**
- **Once the respirator mask is on, the face piece must not be touched.**

What should I do if I feel that I cannot breath with a FFP3 mask on?

- You should leave the area immediately and **ONLY THEN** remove and dispose of the device as directed.
- FFP3 masks, especially without an expirator valve, may become uncomfortable to wearers after a period of time (e.g. hours). (Some masks are fitted with a valve which maybe preferred as they allow ease of breathing.)

When can I remove a FFP3 mask?

- You should only remove the device once you have safely left the patient area.
- There are no published data on the length of time respiratory masks are effective for the wearer.

Can I reuse the respirator mask?

- No, it is not recommended at this time that you reuse the respirator type mask as it may become contaminated with airborne pathogens during use and may lead to contamination of hands during further donning and removing this leading to avoidable infections. ([† See box below for additional information.](#))

Should I clean the respirator mask?

- Cleaning the respirator mask is not recommended, as they are single use disposable. They should be discarded each time after they are used.

When and where should I dispose of the respirator mask?

- **Masks should be disposed of after each use.**
- They should also be disposed of (as described above once you have left the patient room).
 - **If removed because breathing has become difficult.**
 - **If there is any question that it has become damaged, wet, visibly soiled, or contaminated through any clinical procedures as this may affect its efficiency.**

Disposal should be done as per local clinical waste policies. Surgical masks or any other respiratory masks used should also be disposed of immediately after each use as per local policies. ([See SICP - Safe Disposal of Waste Policy](#))

Should an infectious patient wear a mask?

If a patient is to be transported from one environment to another, use of a **surgical facemask** may offer protection to those coming into close contact during transport.

- Infectious patients **should wear a surgical facemask**, as this will reduce the number of infectious droplets from the patient being disseminated into the air during transport. The surgical facemask should be discarded after use.
- Infectious patients **must not wear a FFP3** facemask, as there is no filtration of air being expelled through the mask.
- NB those accompanying the patient should use an FFP3 mask when patients are being transported.

How should I remove a mask?

The following information is provided within avian and pandemic influenza guidance and should be considered when removing PPE including masks:

'Staff should be trained in putting on and removing PPE in the correct order and with the correct technique, the order being for removal from start to finish is:

Gloves

Note: outside of glove may be contaminated

- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container

Gowns/Aprons

Note: gown/apron front and sleeves may be contaminated

- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in waste container

PERFORM HAND HYGIENE

Eye protection – goggles or face shield

Note: outside of goggles or face shield may be contaminated

- Handle by head band or ear pieces only
- Discard in waste container or decontaminate

Mask/respirator

Note: front of mask/respirator may be contaminated – do not touch

- **Grasp bottom, then top ties or elastic and remove**
- **Discard in waste container**

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

The order for removing PPE is important to reduce cross contamination so the order outlined above always applies even if not all items of PPE have been used.'

Footnotes

For information:

Standard	Category	Efficiency
European EN149:2001	FFP1	80% particle filtration efficiency
European EN149:2001	FFP2	94% particle filtration efficiency
European EN149:2001	FFP3	99% particle filtration efficiency
American – not approved in the EU	N95	95% particle filtration efficiency

† If in exceptional circumstances respirator masks have to be reused then specific guidance must be followed to make this procedure as safe as possible.

- The mask must be checked to see that it is not been soiled or damaged.
- Wearing a loose fitted surgical mask over the respirator mask can prevent any excessive contamination to the respirator mask.
- When leaving the infected area the mask(s) should be removed and the surgical mask (if worn) disposed of. After which hand hygiene should be performed.
- The respirator mask should then be put in a dedicated clean bag and stored in a clean dry area. This should be labelled listing the wearer's name, along with the date and time, particularly so that the mask is only used by the individual that initially wore it.
- The period for reusing the mask should be identified if at all possible based on the available resources of masks use for the duration of a shift (e.g. 7 ½ to 12 hours)
- When using the mask again it is vitally important to avoid contact with the outside of the mask and check that it fits well each time of use.
- Hand hygiene should be carried out after putting on the mask.

Links

Fit checking - <http://www.documents.hps.scot.nhs.uk/respiratory/general/fitcheckmasks.pdf>

Fit testing - <http://www.hse.gov.uk/pubns/fittesting.pdf>

Standard infection control precautions -

<http://www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx>

Airbourne Infections

- SARS - <http://www.hps.scot.nhs.uk/resp/severeacuterespiratorysyndrome-sars.aspx>
- TB - <http://www.hps.scot.nhs.uk/resp/tuberculosis.aspx>
- Chickpox - <http://www.hps.scot.nhs.uk/immvax/chickenpox.aspx>

- Measles - <http://www.hps.scot.nhs.uk/immvax/measles.aspx>

Influenza is primarily droplet spread however there are recommendation for the use of FFP3 masks:

- Pandemic flu Infection control guidelines for use in hospitals and primary care settings (Scottish Executive Health Department and Health Protection Scotland) - <http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/pandemic-flu-ic-guidelines-hps.pdf>
- Summary page on protection for all types of influenza - <http://www.hps.scot.nhs.uk/resp/rpicsi.aspx>