

## **Severe Acute Respiratory Syndrome**

### **Information on face masks and respirator masks**

#### **Frequently Asked Questions**

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***Document remains current***

- Wearing a surgical mask or respirator type mask is just one way to prevent the spread of SARS. Other important precautions include good personal hygiene, especially hand hygiene, and gloves, aprons, gowns, visors, and goggles when appropriate.
- Wearing a mask is not a guarantee of protection against SARS.
- Surgical masks and respirator masks are not recommended for the general public. They are recommended for healthcare workers, and suspected or probable SARS patients only.
- Healthcare workers should wear a respirator mask complying with the European standard EN149:2001 FFP3 or higher filtration.
- Suspected or probable SARS patients should wear a surgical face mask or higher filtration.

#### **What is the difference between a surgical mask and a respirator mask?**

The main purpose of a surgical mask is to help prevent particles (droplets) being expelled into the environment by the wearer. Surgical masks are also resistant to fluids, and help protect the wearer from splashes of blood or other potentially infectious substances. They are not necessarily designed for filtration efficiency, or to seal tightly to the face.

Respirator masks are intended to help reduce the wearer's exposure to airborne particles. They are made to defined national standards, such as the European standard EN149:2001 FFP3 respirator. The standards define the performance required of the respirator, including filtration efficiency. When worn correctly, they seal firmly to the face, thus reducing the risk of leakage.

#### **When should surgical masks or respirator masks be used?**

Surgical masks and respirator masks are components of a number of infection control measures intended to protect healthcare workers, and prevent the spread of SARS. These include general hygiene measures set out in local infection control manuals or SARS policies, and in particular efficient hand hygiene before and after contact with suspected or probable cases of SARS, and with the patient's environment. Gloves, goggles, visors, gowns and/or aprons are also used (see sections of the web site that deals with personal

protective equipment in primary and secondary care, and local SARS policies).

Healthcare workers should use respirator masks, correctly fitted, for contact with suspected or probable cases of SARS. A surgical mask should be used only if a respirator mask is not available. It is better to wear a surgical mask than no protection.

Patients should use a surgical mask while symptomatic whether in hospital, at home or in transit.

### **Who should wear a surgical mask or respirator mask?**

All healthcare workers who come into contact with a suspected or probable case of SARS should wear a respirator mask conforming to at least EN149:2001 FFP3. If a respirator mask is not immediately available, a surgical face mask should be worn. Healthcare workers include community/primary care teams, hospital clinical teams, ambulance staff, physiotherapists and other professional support staff, porters and domestic staff.

Patients with suspected or probable SARS should wear a surgical face mask, if able to do so, when in close contact with uninfected persons. If the patient is at home and unable to wear a mask, others in the household should do so.

Visitors should follow local SARS policies, including wearing a mask as instructed.

WHO recommends that well individuals travelling from or to SARS affected areas do not need to wear a mask.

Wearing a surgical mask or respirator mask is not a guarantee of protection against SARS.

### **What is the correct way to use a respirator mask?**

User instructions are supplied with the respirator mask. *PLEASE READ THESE INSTRUCTIONS.* It is important to follow the instructions carefully, and to do a fit check or user seal check every time a respirator is put on. The checks are given in the user instructions. Fit is critically important. The respirator mask must seal tightly to the face or air will enter from the sides. A good fit can only be achieved if the area where the respirator seals against the skin is clean-shaven. Beards, long moustaches, and stubble may cause leaks around the respirator mask.

Go to a safe area and change the respirator mask immediately if breathing becomes difficult, the respirator mask becomes damaged or distorted or contaminated by body fluids, or if a proper face fit cannot be maintained.

The respirator mask is one component of a number of infection control precautions. These include hand hygiene, gloves, goggles, visors, gowns or gown and apron. Protective equipment should be removed in the following order: gloves/gown, respirator mask, goggles or visor then respirator mask

followed by hand hygiene. The respirator mask should only be removed in a safe area, away from the patient.

**Hands must always be decontaminated after removing any protective equipment.**

**What is the correct way to use a surgical mask?**

The mask should fit snugly over the face, with the coloured side out and the metal strip at the top. Position the strings to keep the mask firmly in place over the nose, mouth and chin. Mould the metallic strip to the bridge of the nose. Do not touch the mask again until it is removed. Healthcare workers should discard the mask as clinical waste according to local policy. Patients should place the mask in a clinical waste bag which will be provided, then wash hands. Go to a safe area and replace the mask at once, if it is damaged or soiled.

Follow local infection control or SARS policies, because the mask is just one of several infection control precautions. Hand hygiene is particularly important after removing the mask.

**Does a beard or stubble affect the performance of a respirator?**

Yes. See *'What is the correct way to use a respirator?'*

**What protection should be worn for intubation and other aerosol-producing procedures?**

If possible, aerosol-producing procedures should be avoided. These procedures include nebulised medication, diagnostic sputum induction, bronchoscopy, airway suctioning and intubation. If unavoidable, the procedure should take place in a negative pressure single room with as few staff present as possible. All staff present should wear a correctly fitted respirator mask with a filtration efficiency of at least EN149:2001 FFP3, goggles, visor, gloves, single use fluid-repellent gown or gown and apron according to local policy.

**How often should surgical masks or respirator masks be changed?**

Surgical masks or respirator masks used in close contact with a suspected or probable SARS case should be disposed of immediately after use. They should only be removed when the wearer is in a safe area, outside the patient's room.

The length of time a patient on home isolation should wear a mask before changing it depends on the quality of the mask, and how much the patient is coughing. As a guide, the mask should be changed after eight hours, or sooner if it becomes saturated or breathing is difficult.

**How should masks and respirators be disposed of?**

Healthcare workers should dispose of surgical masks and respirator masks as clinical waste, according to local infection control policy. Patients on home isolation should place the used mask in a clinical waste bag which will be provided. It is important to wash hands after handling the mask. This includes touching the mask while it is still being worn.

**Which masks or respirator masks should be worn in the community/primary care?**

All healthcare workers who come into contact with a suspected or probable case of SARS should wear a respirator mask conforming to at least EN149:2001 FFP3. If a respirator is not immediately available, a surgical face mask should be worn. See 'Who should wear a mask or respirator?'

**Where can community/primary care staff get surgical and respirator masks?**

Staff should be able to order surgical and respirator masks using their normal supply route, including direct ordering from pharmaceutical suppliers.

**Who should fund surgical and respirator masks in the community/primary care?**

**Surgical** masks and respirators should be funded in the same way as other personal protective equipment.

**Are masks available on FP10?**

No.