COVID-19 INFORMATION SHEET FOR STAFF: USE OF N95 RESPIRATORS IN
HOMELESSNESS SERVICES SETTINGS
Shelter, Support and Housing Administration

Purpose

This document provides information on the use of N95 respirator masks in City operated and funded shelter settings.

*Updated Ministry of Health Interim IPAC Recommendations for use of PPE for Care of Individuals with Suspected or Confirmed COVID-19* recommends health care workers who are responsible for providing direct client care to people who are suspected or confirmed COVID-19 positive use N95 respirator masks. Although shelters and other homelessness service settings are not health care facilities, from an occupational health and safety perspective, the City updated *Shelter Directive 2020-02* to recommend N95 masks in some circumstances as part of a layered approach to COVID-19 prevention.

This information sheet focuses on the use N95 respirators as a measure to prevent COVID-19 transmission. Please note that PPE recommendations alone are not sufficient to protect staff and must be implemented along with other protective measures.

This directive may not be applicable for recovery and isolation programs. For those programs, staff should follow the guidance of on-site medical staff for issues related to the use of PPE. All staff and clients should continue to adhere to the *Shelter Directive 2020-02*.

**When should staff use N95 Respirators?**

Staff who are providing direct care to clients who are a suspect or confirmed COVID-19 case and/or staff who are providing direct care/services to clients in a site where there is a suspect or declared COVID-19 outbreak as determined by Toronto Public Health (TPH) should use a N95 respirator in addition to eye protection.

Staff should use additional PPE as required based on a risk assessment of the type of care or contact being provided to clients.

**Fit-Tested N95 Respirators**

- N95 respirators are most effective when staff are fit-tested to ensure the best fit for their face. A fit test is used to determine whether the respirator provides the proper fit or seal on the user’s face. This is necessary to ensure that the respirator provides the required level of protection from the hazard (airborne contaminant).

- N95 respirator masks are designed to be tight-fitting and be tested for fit in accordance with one of the following methods: 1) qualitative fit test; or 2) A quantitative fit test.
A quantitative fit test uses a special equipment that measures particle concentrations inside the respirator in the breathing zone of the user and compares it with particle concentrations outside.

A qualitative fit test uses a pass/fail test to assess respirator fit based on an individual's response to a test agent.

Both fit testing methods are acceptable.

- Service providers should ensure their staff are fit tested for N95 respirators in accordance with the Occupational Health and Safety Act Regulation 833.
  - All service providers should develop a fit testing program which includes timelines by which staff will be fit tested.
  - See Appendix 3 and 4 for more information on where staff can get fit-tested and N95 respirator fit test service providers in Ontario.

- Staff can wear N95 respirators while they are awaiting fit-testing as there is still benefit to using a N95 even if not fit-tested.

- To ensure a proper test and fit to the most appropriate mask, employees are required to be clean-shaven for a fit test.

- In the event that an employee's creed or religious beliefs, practices or observances prevent them from being fit-tested, the employee will advise their manager/supervisor prior to their fit test appointment. The employee and supervisor/manager will meet to explore accommodations set out by Employment Equity and Human Rights and Accommodation Policies

Using/Re-Using/Changing/Storing N95 Respirators

- Use of N95 respirators can be extended to conserve PPE and decrease the chance of 'self-contamination' that can result from repeated touching of one's face to replace the mask.
  - **Extended use** means maintaining use of the same N95 until you are leaving the clinical space or have completed all of your tasks (e.g., for a break, at the end of your shift). See Appendix 2 for further guidance on extending the use of N95.

- Staff must be provided N95 respirators mask, as needed. If additional PPE is required, staff should advise their supervisor.

- Staff may see multiple clients without changing their N95 respirator, regardless of patient isolation status, unless it becomes damaged or contaminated.

- Avoid touching your N95 respirator. If you do touch your mask, perform hand hygiene immediately.

- If a N95 respirator is to be re-used, keep it from being contaminated by storing it in a clean paper bag, or in a cleanable container with a lid with the staff's name to prevent cross-contamination.
  - Paper bags are to be discarded after each use. Reusable containers are to be cleaned and disinfected after each use. Bags and containers are to be labelled with the individual’s name to prevent accidental misuse.
• Staff should use a new N95 respirator at the beginning of each shift. Staff must discard their used N95 respirator at the end of their shift.

• Staff leaving a suspect or outbreak area to enter an uncontaminated area should remove and discard their N95 respirator.

• If the N95 respirator is visibly soiled or dirty, perform hand hygiene, remove the N95 respirator, and put on a new N95 respirator following the correct protocol for putting on and taking off a N95 respirator. See Appendix 2 for How to put on (don) and take off (doff) N95 respirators.

• If gloves were used, gloves should be removed first, and hand hygiene should be performed immediately after removing gloves. The mask should then be removed (if at the end of staff's shift or if wet, damaged, or soiled), and hand hygiene performed again.

• Wearing a N95 respirator is not a substitute for physical distancing.
  o Staff should still continue to maintain a distance of 2 metres from clients and other staff whenever possible while wearing a N95 respirator.

• Additional PPE should be worn, based on an appropriate risk assessment for the situation. In particular, in the following situations:

Training on N95 Respirator Use

• N95 respirator fit testers will train staff on the safe use, care, and limitations of PPE, including the donning (putting on) and doffing (taking off) as well as proper disposal.

• See Appendix 1 for additional resources including online training videos for safely putting on and taking off PPE (masks, eye protection, gloves and gowns).

• See Appendix 2 for detailed instruction on how to don (put on) and doff (take off) N95 respirators.
Appendix 1. General Resources

- This information sheet is based on the Updated Ministry of Health Interim IPAC Recommendations for use of PPE for Care of Individuals with Suspected or Confirmed COVID-19. SSHA is following advice provided by Toronto Public Health and Occupational Health and Safety regarding PPE.

- The City of Toronto’s Respirator Protection Policy

- Occupational Health and Safety Act, Respiratory Protection Program, Section 9(3) and 9(4)
  https://www.ontario.ca/laws/regulation/r19185

- Personal Protective Equipment (PPE) In Shelter Isolation & Quarantine Settings, Canadian Alliance to End Homelessness

- Risk Algorithm to Guide PPE Use, Public Health Ontario

- Frequently Asked Questions on Interim IPAC Recommendations for Use of PPE in Health Care Settings
  Frequently Asked Questions on Interim IPAC Recommendations for Use of PPE in Health Care Settings (publichealthontario.ca)

- 1870+ N95 Respirator Donning Instructions, 3M Worker Health and Safety
  https://www.youtube.com/watch?app=desktop&v=ikrpLxt5oCA

- Putting On and Taking Off Full Personal Protective Equipment in Shelter Settings (medical masks), Toronto Public Health
  https://youtu.be/uSjkOyyT0dg

- Public Health Ontario training videos:
  o Putting On and Taking Off Personal Protective Equipment (PPE)
  o Taking off Medical Mask and Eye Protection
    https://www.youtube.com/watch?v=pFJaU9nxmTA&feature=emb_title
  o Putting on Gloves
    https://www.youtube.com/watch?time_continue=8&v=UIBmi578NmE&feature=emb_logo
  o Putting on a Gown and Gloves
    https://www.youtube.com/watch?v=6YbqhkIL9M&feature=emb_logo
  o Taking off a Gown and Gloves
    https://www.youtube.com/watch?v=sk4A96lw8bQ&feature=emb_logo
  o Universal Mask Use in Health Care Settings
Appendix 2. How to put on (don) and take off (doff) N95 respirators

Based on Recommend Steps: Putting on and Taking Off Personal Protective Equipment (PPE), Public Health Ontario

To Don (Put On) N95 Respirator:
1. Perform hand hygiene.
2. Place N95 Respirator over nose and under chin.
3. Secure ties, loops or straps.
4. Mould metal piece to your nose bridge.
5. For respirators, perform a seal-check.
To Doff (Take Off) N95 Respirator:
1. Perform hand hygiene.
2. Ties/ear loops/straps are considered 'clean' and may be touched with hands.
3. The front of the respirator is considered to be contaminated.
4. Untie bottom tie then top tie, or grasp straps or ear loops.
5. Pull forward off the head, bending forward to allow respirator to fall away from the face.
6. After removing respirator, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the face covering should be discarded and another mask should be used.
7. If you are removing the respirator with intent to re-use (for example when eating or drinking), if the respirator is NOT visibly soiled, torn, or saturated, carefully fold so that the outer surface is held inward and against itself (fold lengthwise like a hot dog). The folded face covering can be stored between uses in a clean sealable paper bag or breathable container labelled with your name.
8. Perform hand hygiene.

5. Remove Mask/N95 Respirator
- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face