Understanding the Difference

| | Surgical Mask | N95 Respirator | Elastomeric Half Facepiece Respirator |
|-----------------------------|--|--|---|
| Testing and Approval | Cleared by the U.S. Food and Drug Administration (FDA) | Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84* | Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84 |
| Intended Use and Purpose | Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions. | Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols) | Reusable device made of synthetic or rubber material |
| Face Seal Fit | Loose-fitting | Tight-fitting | Tight-fitting |
| Fit Testing Requirement | Νο | Yes | Yes |
| Designed for Reuse | Νο | No | Yes |
| User Seal Check | Νο | Yes. Required each time the respirator is donned (put on) | Yes. Required each time the respirator is donned (put on) |
| Filtration | Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection | Filters out at least 95% of airborne particles including large and small particles | May be equipped with filters that block 95%, 99%, or 100% of very small particulates. Also may be equipped to protect against vapors/gases. |
| Leakage | Leakage occurs around the edge of the mask when user inhales | When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales | When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales |
| | | | |

Use Limitations

Disposable. Discard after each patient encounter.

Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids. Reusable and must be cleaned/ disinfected and stored between each patient interaction

*As of July 2, 2018, NIOSH evaluates N95 FFRs intended for use in healthcare for biocompatibility, flammability, and fluid resistance to ensure conformity to relevant standards during the approval process. These tasks were previously performed by the FDA.



Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

Resources:

Hospital Respiratory Protection Program Toolkit http://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf Implementing Hospital Respiratory Protection Programs: Strategies from the Field https://www.jointcommission.org/assets/1/18/Implementing_Hospital_RPP_2-19-15.pdf