

RESPIRATORY PROTECTION MYTHS

Helen of Troy, Orion the Hunter, and Respiratory Protection. What do these have in common? They are all the subject of many myths. Greek gods and goddesses aside, there are many myths and misconceptions associated with respiratory protection.

Myth # 1- All respirators require fit testing.

Loose fitting hood or helmet style respirators do not require fit testing by OSHA. Check out the full ruling at [29CFR1910.134\(f\)](http://www.ecfr.gov/cgi-bin/eaisecfr?SID=31&C=29&T=1.134&id=31291.134f).

Myth # 2- OSHA fit testing does not apply to hospitals.

Before the Wicker Amendment failed approval by the Appropriations Committee in July, some hospital employers believed that fit testing didn't apply. However, the Wicker Amendment only prohibited OSHA from requiring annual fit testing when using a mask style respirator for protection from tuberculosis. Initial fit testing and fit testing when wearing a mask style respirator for hazards other than tuberculosis was still required. Since the Wicker Amendment failed approval in July, initial and annual fit testing is required by hospitals when wearing a mask style respirator for all respiratory hazards.



Myth # 3 - Hood style respirators are scarier to hospital patients than N95 masks.

N95 masks don't allow a patient to see a nurse or doctor smile. They also don't allow a patient to read a nurse's lips, while hood style respirators do.

Myth # 4 - My hospital can't afford PAPRs.

Health and Human Services grant money is available to hospitals as they prepare for pandemics and other disasters. By purchasing a hood style respirator, money will be saved because fit testing will no longer be necessary. To search for grant opportunities, visit [grants.gov](http://www.grants.gov).

Myth # 5 - A surgical mask is as good as a respirator.

Surgical masks will only protect against splashes or sprays. They do not protect against very small particles such as viruses. A respirator can offer greater protection. In fact, the Veteran's Administration (VA) Study of the 1957 pandemic suggested that influenza was spread by airborne transmission. Respirators can protect against this type of transmission.

Myth # 6 - Hospitals only need PAPRs for tuberculosis.

PAPRs should be considered wherever N95 masks or P100 masks are worn. PAPRs can provide higher levels of protection (25 APF vs. 10 APF), allow the patients to see facial expressions, and eliminate the hassle of fit testing. Pandemic preparedness, bioterrorism preparedness, infection control, respiratory therapy and surgery are just some of the hospital applications for which a PAPR should be considered.

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