**The Importance of Respiratory Protection Programs:**

***Everyday Exposure…***

Everyday healthcare workers make decisions about the best way to protect themselves. What would you do if you entered the room of a new patient and noticed symptoms such as fever and a mucus-producing cough? As a healthcare worker, you must then ask yourself, “What type of disease does the patient have? What sort of precautions should I take to protect myself because the patient may have an infectious disease?”

While it is your employer’s responsibility to provide policies, programs, training, and guidance on respirator use, it is the health care workers who implement these procedures.

Ask yourself the following questions:

* Do you know when to use respiratory protection?
* If so, do you understand what type of protection to choose and how to use it properly?[[1]](#footnote-1)

***Improper Techniques are the Difference Between Safety and Exposure…***

During donning and doffing observations, many HCWs demonstrated improper techniques:

* 45% used incorrect strap placement
* 85% did not perform a seal check
* 57% did not use straps during doffing
* 45% used incorrect respirator disposal methods[[2]](#footnote-2)

***Multiple Approaches are Needed for Infection Prevention and Control…***

Infection prevention and control measures are intended to reduce the spread of disease between patients, healthcare personnel, and visitors. Examples of infection control measures include employee vaccination; hand hygiene; and replacement or cleaning, disinfection, and sterilization of surgical instruments, patient-care devices, uniforms, and PPE. Multiple approaches are often required since many controls reduce hazards without eliminating them and many controls are subject to failure.

Contact Precautions include the use of gloves and gowns to prevent the direct or indirect transmission of disease between patients and healthcare personnel. Droplet Precautions include the use of facemasks to prevent large droplets from travelling from the respiratory tract of a patient to the mucosal surfaces (i.e., nasal mucosa, conjunctivae, and, less frequently, the mouth) of the healthcare personnel and also include use of gloves, gowns, and eye protection if substantial spraying of body fluids is anticipated. **Airborne Precautions reduce the risk of healthcare personnel inhaling small infectious airborne particles. Airborne Precautions require the use of respiratory protection.[[3]](#footnote-3)**

**Remember, Respiratory Protection Cares for Those Caring for Others…**
Healthcare personnel who care for patients with ATDs (e.g., infectious patients with a transmissible disease or, in rare situations, environmental sources of anthrax or fungi) must work in close proximity to the source of the hazard; even with controls in place, they are likely to have a higher risk of inhaling infectious aerosols (droplets and particles) than the general public. These personnel, and others with a higher risk of exposure related to the tasks they perform (e.g., lab or autopsy workers), must often be protected further through the proper use of respirators. [[4]](#footnote-4)

1. <https://blogs.cdc.gov/niosh-science-blog/2014/06/26/reach/> [↑](#footnote-ref-1)
2. *Id.*  [↑](#footnote-ref-2)
3. <https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSHPUB2015117> [↑](#footnote-ref-3)
4. *Id.*  [↑](#footnote-ref-4)